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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CENTRA HEALTH INC
% ROBERT TONKINSON
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1920 Atherholt Road

City or town, state or province, country, and ZIP or foreign postal code
Lynchburg, VA 24501

D Employer identification number
54-0715569

E Telephone number
(434) 200-4708

G Gross receipts $ 1,081,721,627

F Name and address of principal officer
ROBERT TONKINSON CFO
1920 Atherholt Road
Lynchburg, VA 24501

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www centrahealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EXCELLENT CARE FOR LIFE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	6,996
6	Total number of volunteers (estimate if necessary)	6	958
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,033,709
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,203,507

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,444,918	4,268,501
9	Program service revenue (Part VIII, line 2g)	643,507,287	728,508,042
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,416,244	4,736,274
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,225,444	5,221,649
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	680,593,893	742,734,466
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,535,028	1,570,105
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	351,812,055	388,970,540
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	280,457,462	326,886,405
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	633,804,545	717,427,050
19	Revenue less expenses Subtract line 18 from line 12	46,789,348	25,307,416

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	929,094,060	956,477,534
21	Total liabilities (Part X, line 26)	397,911,264	391,042,789
22	Net assets or fund balances Subtract line 21 from line 20	531,182,796	565,434,745

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2016-11-08

ROBERT TONKINSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARGARET A BRADSHAW	MARGARET A BRADSHAW			P00501222

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1676 International Drive Ste 1200
McLean, VA 22102

Phone no (703) 286-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

EXCELLENT CARE FOR LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 640,471,697 including grants of $ 1,570,105) (Revenue $ 728,508,042)

AS THE REGIONAL HEALTH CARE LEADER, CENTRA HEALTH, INC 'S COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES CENTRA HEALTH, INC (CENTRA) HAS BEEN BRINGING BABIES IN THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR DECADES, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOLADES FOR ITS QUALITY OF CARE PLEASE SEE THE CONTINUATION OF OUR PROGRAM SERVICE ACCOMPLISHMENTS ON SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 640,471,697

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	816		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,996		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ROBERT TONKINSON 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 (434) 200-4708

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,280,474	0	863,909

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 409

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
JAMERSON-LEWIS CONSTRUCTION INC, PO BOX 10728 LYNCHBURG, VA 24506	GENERAL CONTRACTORS	13,694,338
MEDICAL ASSOCIATES OF CENTRAL VIRGI, PO BOX 11889 LYNCHBURG, VA 24506	PHYSICIAN SERVICES	11,703,450
COLEMAN ADAMS CONSTRUCTION, 1031 PERFORMANCE ROAD FOREST, VA 24551	GENERAL CONTRACTORS	3,768,250
BLAIR CONSTRUCTION, PO BOX 612 GRETNA, VA 24557	GENERAL CONTRACTORS	3,600,817
HERITAGE HEALTHCARE INC, 536 OLD HOWELL ROAD GREENVILLE, SC 29615	THERAPY MGMT SVCS	3,414,460

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 114

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d	3,470,986			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	797,515			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,268,501			
		Business Code				
Program Service Revenue	2a	NET PATIENT SERVICES REVENUE 624100	695,301,469	685,267,579	10,033,890	
	b	ANCILLARY SERVICES 900099	21,884,328	21,884,328		
	c	TUITION & EDUCATION 611600	21,831,946	21,831,946		
	d	CONTROLLED ENTITIES 900099	-10,955,582	-10,955,582		
	e	MEANINGFUL USE 900099	445,881	445,881		
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	728,508,042			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,267,850		-181	1,268,031
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents: 6,307,382				
	b	Less rental expenses: 3,895,357				
	c	Rental income or (loss): 2,412,025 / 0				
	d	Net rental income or (loss) . . . . . ▶	2,412,025			2,412,025
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 338,520,527 / 39,701				
	b	Less cost or other basis and sales expenses: 335,091,804				
	c	Gain or (loss): 3,428,723 / 39,701				
	d	Net gain or (loss) . . . . . ▶	3,468,424			3,468,424
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA/VENDING/DIETARY 722210	2,581,408			2,581,408
	b	SUBSIDIARY MANAGEMENT FEE 541610	228,216			228,216
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	2,809,624			
	12	**Total revenue.** See Instructions . . . . . ▶	742,734,466	718,474,152	10,033,709	9,958,104

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,570,105	1,570,105		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,111,526	275,943	4,835,583	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	227,571	227,571		
7 Other salaries and wages	308,638,031	295,200,172	13,437,859	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,742,394	8,233,587	508,807	
9 Other employee benefits	33,104,397	29,453,166	3,651,231	
10 Payroll taxes	33,146,621	31,217,491	1,929,130	
11 Fees for services (non-employees)				
a Management	918,030	673,807	244,223	
b Legal	5,377,729	3,630,644	1,747,085	
c Accounting	233,506	37,847	195,659	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,813,729		1,813,729	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	76,491,796	63,568,055	12,923,741	
12 Advertising and promotion	2,903,553	2,639,367	264,186	
13 Office expenses	39,756,212	38,002,530	1,753,682	
14 Information technology	18,742,880		18,742,880	
15 Royalties	0			
16 Occupancy	11,369,555	10,963,877	405,678	
17 Travel	1,792,575	1,692,324	100,251	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,982,184	1,679,767	302,417	
20 Interest	5,946,298	5,946,298		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	39,774,717	25,741,016	14,033,701	
23 Insurance	3,187,504	3,129,182	58,322	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	61,554,387	61,547,198	7,189	
b DRUGS	53,439,127	53,439,127		
c BOND COST AMORTIZATION	1,602,623	1,602,623		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	717,427,050	640,471,697	76,955,353	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		14,666,339	1	25,666,748
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		72,021,931	4	92,983,769
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		144,188	7	144,188
	8	Inventories for sale or use		16,187,372	8	17,132,995
	9	Prepaid expenses and deferred charges		6,661,252	9	5,057,962
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 863,737,925			
	b	Less accumulated depreciation	10b 554,297,849	290,418,828	10c	309,440,076
	11	Investments—publicly traded securities		350,716,105	11	309,234,015
	12	Investments—other securities See Part IV, line 11		154,085,710	12	163,489,844
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		24,192,335	15	33,327,937
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		929,094,060	16	956,477,534
Liabilities	17	Accounts payable and accrued expenses		64,983,022	17	59,470,630
	18	Grants payable		0	18	0
	19	Deferred revenue		490,768	19	913,106
	20	Tax-exempt bond liabilities		227,511,257	20	245,563,676
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		104,926,217	25	85,095,377
	26	**Total liabilities.** Add lines 17 through 25		397,911,264	26	391,042,789
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		470,128,269	27	503,764,351
	28	Temporarily restricted net assets		32,176,149	28	32,792,016
	29	Permanently restricted net assets		28,878,378	29	28,878,378
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		531,182,796	33	565,434,745
	34	Total liabilities and net assets/fund balances		929,094,060	34	956,477,534

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	742,734,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	717,427,050
3	Revenue less expenses Subtract line 2 from line 1	3	25,307,416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	531,182,796
5	Net unrealized gains (losses) on investments	5	63,634
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-852,821
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,733,720
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	565,434,745

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALKER P SYDNOR CHAIRMAN	2 0 0 0	X		X				0	0	0
AMY G RAY VICE-CHAIRMAN	2 0 0 0	X		X				0	0	0
EW TIBBS PRESIDENT/CEO	50 0 0 0	X		X				1,055,428	0	222,007
ALBERT M BAKER MD DIRECTOR	2 0 0 0	X						0	0	0
MICHAEL V BRADFORD DIRECTOR	2 0 0 0	X						0	0	0
JULIE P DOYLE DIRECTOR	2 0 0 0	X						0	0	0
HC ESCHENROEDER JR MD DIRECTOR	2 0 0 0	X						0	0	0
FRANCIS E WOOD JR DIRECTOR	2 0 0 0	X						0	0	0
SHARON L HARRUP DIRECTOR	2 0 0 0	X						0	0	0
RICHARD TUGMAN DIRECTOR (THRU 10/2015)	2 0 0 0	X						28,857	0	41

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HYLAN HUBBARD DIRECTOR	2 0 0 0	X						0	0	0
JOHN R MACK DIRECTOR	2 0 0 0	X						0	0	0
GEORGE R ZIPPLE DIRECTOR	2 0 0 0	X						0	0	0
VERNA R SELLERS MD DIRECTOR	50 0 0 0	X						263,627	0	12,317
R SACKETT WOOD DIRECTOR	2 0 0 0	X						0	0	0
LEWIS C ADDISON THRU 82015 TREASURER & SENIOR VP/CFO	50 0 0 0			X				499,490	0	22,724
DAVID G GOUGH AS OF 92015 INTERIM TREASURER & VP FINANCE	50 0 0 0			X				192,190	0	30,912
DAVID D ADAMS SECRETARY & EVP/CSO	50 0 0 0			X				587,123	0	104,683
DANIEL CAREY MD SVP/CHIEF MEDICAL OFFICER	50 0 0 0				X			589,716	0	120,425
MICHAEL I ELLIOTT SVP/CHIEF OPERATING OFFICER	50 0 0 0				X			316,293	0	75,496

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATTI S MCCUE SCED SVP/CHIEF NURSING OFFICER	50 0 0 0				X			455,190	0	15,971
THOMAS W NYGAARD MD SVP/CMO (THRU 1/2015)	50 0 0 0				X			58,219	0	1,340
JANICE H WALKER SVP/CHIEF ADMIN OFFICER	50 0 0 0				X			366,400	0	66,368
ROBERT TONKINSON SVP/CFO (AS OF 11/30/15)	50 0 0 0				X			54,842	0	766
THEOFILOS MACHINIS MD MD NEUROSURGERY	50 0 0 0					X		811,489	0	40,766
DILANTHA ELLEGALA MD MD NEUROSURGERY	50 0 0 0					X		809,265	0	50,138
WALTUS H GILL MD MD NEUROSURGERY	50 0 0 0					X		744,689	0	10,687
AUDREY E GRAHAM MD MD MAMMOGRAPHY	50 0 0 0					X		728,470	0	39,931
MATTHEW C SACKETT MD MD CARDIOVASCULAR	50 0 0 0					X		719,186	0	49,337

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
CENTRA HEALTH INC	54-0715569

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		29,991
j	Total Add lines 1c through 1i			29,991
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	SCHEDULE C, Part II-B, Ln 1(I) ATTENDANCE AT VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION 2015 LEGISLATIVE ISSUES CONFERENCES (REGISTRATION EXPENSES, HOTEL, TRAVEL, & MEALS) $ 417 A PORTION OF THE ORGANIZATION'S HOSPITAL ASSOCIATION DUES FOR 2015 WERE ATTRIBUTABLE TO LOBBYING EXPENSES THIS AMOUNT WAS $ 29,574

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	42,943,742	42,984,832	38,188,253	29,734,229	29,734,229
b	Contributions					
c	Net investment earnings, gains, and losses	-2,040,466	501,833	5,134,898	293,321	374,984
d	Grants or scholarships					
e	Other expenditures for facilities and programs	573,033	542,923	338,319	293,321	374,984
f	Administrative expenses					
g	End of year balance	40,330,243	42,943,742	42,984,832	29,734,229	29,734,229

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 2 280 %
- b Permanent endowment ▶ 71 450 %
- c Temporarily restricted endowment ▶ 26 270 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		19,492,066		19,492,066
b Buildings		411,469,417	230,164,075	181,305,342
c Leasehold improvements		19,264,339	13,007,871	6,256,468
d Equipment		387,632,669	311,125,903	76,506,766
e Other		25,879,434	0	25,879,434
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				309,440,076

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LEVEL 3 INVEST IN REAL ESTATE	28,351,654	F
(B) EQUITY IN AFFILIATES	4,734,939	F
(C) INVEST CAPITAL-CONTROL ENTITIE	130,403,251	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	163,489,844	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
EST PAYABLE TO 3RD PARTY	8,070,133
PHYSICIAN RECRUITMENT LIAB	655,155
CURRENT INSTALLMENTS DUE TO SCH	842,622
ACCRUED INTEREST PAYABLE	242,354
INTEREST RATE SWAP	20,884,012
PENSION LIABILITY	40,811,760
EST LIAB FOR UNPAID CLAIMS	13,589,341
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	85,095,377

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS AS REQUIRED BY U S GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSTED RESTRICTIONS THE FOUNDATION HAS A POLICY OF REQUESTING FOR DISTRIBUTION EACH YEAR EITHER NET INCOME OF THE ASSET OR A PERCENTAGE OF THE ASSETS AVERAGE FAIR VALUE, WHICH RESULTS IN AN AVERAGE NET CASH DISTRIBUTION OF 2 4% OF TOTAL ASSETS ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 4 3% ANNUALLY THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316040576

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	**(a)** Number of activities or programs (optional)	**(b)** Persons served (optional)	**(c)** Total community benefit expense	**(d)** Direct offsetting revenue	**(e)** Net community benefit expense	**(f)** Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,060,385		20,060,385	2 800 %
b Medicaid (from Worksheet 3, column a)			88,393,177	73,496,600	14,896,577	2 080 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			108,453,562	73,496,600	34,956,962	4 880 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,382,516		1,382,516	0 190 %
f Health professions education (from Worksheet 5)			13,220,066	7,545,826	5,674,240	0 790 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,818,776		1,818,776	0 250 %
j **Total.** Other Benefits			16,421,358	7,545,826	8,875,532	1 230 %
k **Total.** Add lines 7d and 7j			124,874,920	81,042,426	43,832,494	6 110 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			5,371		5,371	
4	Environmental improvements						
5	Leadership development and training for community members			13,770		13,770	
6	Coalition building			3,357		3,357	
7	Community health improvement advocacy			3,026		3,026	
8	Workforce development			551		551	
9	Other						
10	**Total**			26,075		26,075	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	34,208,921		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	244,639,794		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	255,034,102		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-10,394,308		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	CENTRAL VIRGINIA IMA	IMAGING SERVICES	50 %		50 %
2	THE SURGERY CENTER O	OUTPATIENT SURGERY SVCS	50 %	1 %	49 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **3**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group LYNCHBURG GENERAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW CENTRAHEALTH COM			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW CENTRAHEALTH COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☐ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group VIRGINIA BAPTIST HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW CENTRAHEALTH COM			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW CENTRAHEALTH COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☐ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CENTRA SPECIALTY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW CENTRAHEALTH COM			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW CENTRAHEALTH COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☐ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**		No
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **74**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 6A	INFORMATION ON COMMUNITY BENEFIT IS REPORTED ANNUALLY THROUGH A REPORT PREPARED BY CENTRA HEALTH, INC

Form and Line Reference	Explanation
PART I, LINE 7	COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE EXPENSE

Form and Line Reference	Explanation
PART II	COMMUNITY BUILDING ACTIVITIES COMMUNITY SUPPORT CENTRA HEALTH, INC RECOGNIZES THE IMPORTANCE OF MAINTAINING A STRONG RELATIONSHIP WITH THE COMMUNITY IT SERVES WE CONTINUOUSLY WORK TO SEEK OUT WAYS IN WHICH WE CAN SUPPORT THE COMMUNITY HELPING THOSE IN NEED IS A MAIN FOCUS OF CENTRA, NOT ONLY WITH THEIR HEALTH NEEDS BUT WITH THE FUNDAMENTAL NEEDS OF INDIVIDUALS WITHIN OUR COMMUNITY, AS WELL WE FEEL AN ESSENTIAL PART OF BEING A GOOD NEIGHBOR WITHIN THE COMMUNITY IS TO PROMOTE HEALTH, SAFETY, AND WELL-BEING ACTIVITIES IN ORDER TO BENEFIT THOSE AROUND THE COMMUNITY COALITION BUILDING CENTRA CONTINUES TO REACH OUT TO THE COMMUNITY IN ORDER TO INFORM THE PUBLIC ABOUT THE NUMEROUS HEALTH FAIRS, HEALTH SEMINARS, AND GENERAL INFORMATIONAL SESSIONS OFFERED BY CENTRA, THROUGHOUT THE YEAR OUR FAITH BASED PROGRAMS ARE A CRUCIAL PART OF OUR ATTEMPT TO REACH THE COMMUNITY WE STRIVE TO EDUCATE LOCAL CLERGY AND COMMUNITY LEADERS SO THEY CAN PROMOTE THESE PROGRAMS WITHIN THEIR INDIVIDUAL COMMUNITIES, IN A COLLABORATIVE EFFORT WITH CENTRA FOR EXAMPLE, CENTRA OFFERS "CONGREGATIONAL HEALTH PROMOTER" COURSES WHICH WE ADMINISTER NUMEROUS TIMES DURING THE YEAR THROUGHOUT VARIOUS COMMUNITY CHURCHES THIS COURSE IS GEARED TOWARD ANY CHURCH MEMBER THAT IS INTERESTED AND PROVIDES INFORMATION AND RESOURCES REGARDING CHRONIC ILLNESSES AND HEALTH ISSUES, AND SPECIFIC STRATEGIES TO PROMOTE HEALTH OF OUR LOCAL COMMUNITIES LIVE HEALTHY LYNCHBURG IS THE UMBRELLA GROUP OF COMMUNITY COLLABORATORS WORKING ON COMMUNITY HEALTH INITIATIVES WHICH CENTRA IS A PARTNER OTHER COMMUNITY PARTNERS WITHIN THIS GROUP ARE THE LYNCHBURG HEALTH DEPARTMENT, CHAMBER OF COMMERCE, CITY OF LYNCHBURG, LYNCHBURG CITY SCHOOLS, JOHNSON HEALTH CENTER, PRESBYTERIAN HOMES, ETC ALSO, CENTRA PARTICIPATES IN THE HEALTHY PEOPLE THROUGH PREVENTION & EDUCATION COALITION (HIPE) WHICH FOCUSES ON TOBACCO AND SUBSTANCE ABUSE, CHILDHOOD OBESITY, SUPPORTING HEALTH ACTIVITIES FOR YOUTH HIPE IS MADE UP OF COMMUNITY MEMBERS FROM ORGANIZATIONS SUCH AS, HORIZON BEHAVIORAL HEALTH, LYNCHBURG HEALTH DEPT , AREA SOCIAL SERVICES, PARKS AND RECS, CITY SCHOOLS, ETC , AND IS FOCUSED ON LOOKING AT BROADER HEALTH NEEDS IN THE COMMUNITY CENTRA PARTICIPATES IN HEALTH CAREER CAMPS IN ORDER TO PROMOTE THE IMPORTANCE OF HEALTHCARE PROFESSIONALS TO YOUNG ADULTS SO THEY MAY, POSSIBLY, BECOME MEMBERS OF THE HEALTHCARE COMMUNITY IN THE FUTURE THROUGH OUT THE YEAR, WE ALSO VISIT LOCAL ELEMENTARY AND MIDDLE SCHOOLS WITHIN THE COMMUNITY TO INTRODUCE THE YOUTH TO HEALTHCARE CAREERS COMMUNITY HEALTH IMPROVEMENT ADVOCACY HELPING THE COMMUNITY IMPROVE THEIR HEALTH IS AN IMPORTANT MISSION OF CENTRA WE FEEL PASSIONATE ABOUT IMPROVING ACCESS TO CARE, PUBLIC HEALTH, ETC WE ARE EXCITED TO PARTICIPATE IN NUMEROUS EVENTS THROUGHOUT THE YEAR IN ORDER TO STAY CONNECTED TO THE COMMUNITY WE SERVE BY STAYING CONNECTED WE ARE ABLE TO RECOGNIZE AND ADDRESS NEEDS THROUGHOUT OUR REGION

Form and Line Reference	Explanation
PART III, SECTION A, LINE 1	ON JANUARY 1, 2012, CENTRA ADOPTED ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, WHICH CHANGED CENTRA'S PRESENTATION OF PROVISION FOR DOUBTFUL ACCOUNTS TO A DEDUCTION FROM NET PATIENT SERVICE REVENUE THIS HAS BEEN DISCLOSED IN THE FOOTNOTES OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS THEREFORE, CENTRA, INCLUDING SOUTHSIDE COMMUNITY HOSPITAL AND BEDFORD MEMORIAL HOSPITAL, REPORT BAD DEBT CONSISTENT WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2	SEE DESCRIPTION FOR PART III, SECTION A, LINE 4

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	CENTRA BELIEVES THAT ITS PROCEDURES CONCERNING THE APPLICATION OF ITS FINANCIAL ASSISTANCE POLICY ARE SUFFICIENTLY THOROUGH TO EXCLUDE ALL PATIENTS WHO ARE ELIGIBLE FOR CHARITY CARE FROM BAD DEBT THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE FOLLOWING FOOTNOTE ABOUT BAD DEBT "PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR BAD DEBTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, CENTRA ANALYZES HISTORICAL COLLECTIONS AND WRITE-OFFS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR BAD DEBTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR BAD DEBTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CENTRA ANALYZES CONTRACTUALLY AMOUNTS DUE AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND PROVISION FOR CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAS ALREADY PAID, CENTRA RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT SOME PATIENTS ARE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR BAD DEBTS " (CENTRA HEALTH, INC AND SUBSIDIARIES, FY 2015 AUDIT REPORT, PAGE 14)

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	THE CALCULATION OF MEDICARE SHORTFALL DOES NOT REFLECT ALL OF THE ORGANIZATIONS REVENUES AND COSTS ASSOCIATED WITH ITS PARTICIPATION IN THE MEDICARE PROGRAM, PER IRS INSTRUCTIONS MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING THE COST TO CHARGE RATIO THE TOTAL AMOUNT OF MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE CENTRA HEALTHS MISSION IS TO PROMOTE HEALTH IN THE COMMUNITY AND WE DO NOT LIMIT THE CARE AVAILABLE TO ANY OF OUR PATIENTS, INCLUDING THOSE COVERED BY MEDICARE WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS EVEN THOUGH REIMBURSEMENTS WERE LESS THAT THE COST TO PROVIDE SERVICE TOTAL MEDICARE SHORTFALL FOR 2015 WAS $10,394,308

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	CENTRA RECOGNIZES THAT MEDICAL EXPENSES ARE OFTEN UNEXPECTED AND CAUSE FINANCIAL HARDSHIP ALL ACCOUNTS WITH SELF PAY BALANCES WILL FOLLOW THE SAME COLLECTION PROTOCOLS THESE PROTOCOLS ARE ELECTRONICALLY ADMINISTERED THROUGH CENTRA'S HOSPITAL INFORMATION SYSTEM WHEN AN ACCOUNT REACHES THE END OF THE SYSTEM GENERATED COLLECTION CYCLE AND MEETS SAID CRITERIA, THE ACCOUNT BALANCE WILL BE PROCESSED AS BAD DEBT AND REPORTED TO A COLLECTION AGENCY CRITERIA FOR BAD DEBT WILL BE APPLIED CONSISTENTLY REGARDLESS OF AGE, RACE, OR RELIGION CENTRA APPLIES UNIFORM COLLECTION PROTOCOLS TO ALL UNPAID ELIGIBLE CHARGES REGARDLESS OF RACE, SEX, AGE, DISABILITY, NATIONAL ORIGIN OR RELIGION PATIENTS KNOWN BY CENTRA TO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT SUBJECT TO COLLECTION PROTOCOLS IF DURING COLLECTION PROTOCOLS, OR AFTER REFERRAL TO AN OUTSIDE COLLECTION AGENCY, IT IS DISCOVERED PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY, INCLUDING ANY AND ALL EXTRAORDINARY COLLECTION EFFORT, IS IMMEDIATELY STOPPED FINANCIAL ASSISTANCE FOR ELIGIBLE CHARGES IS AVAILABLE TO ALL CENTRA PATIENTS WHO QUALIFY BASED ON ESTABLISHED INCOME AND ASSET CRITERIA

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT AS A NONPROFIT HEALTH CARE SYSTEM, CENTRA IS LED BY A BOARD OF DIRECTORS OF REGIONAL COMMUNITY LEADERS KNOWLEDGEABLE ABOUT THE HEALTH CARE NEEDS OF THE POPULATION CENTRA ENCOURAGES ITS EXECUTIVE TEAM AND EMPLOYEES TO BE AN INTEGRAL PART OF COMMUNITY ORGANIZATIONS, NOT ONLY TO OFFER ADVICE AND SERVICE, BUT ALSO TO BETTER UNDERSTAND AND RECOGNIZE THE NEEDS OF THE REGIONAL COMMUNITY IN 2013, CENTRA COMPLETED THE 2013 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION PLAN TO MEASURE THE HEALTH NEEDS OF CENTRAL VIRGINIA RESIDENTS SERVED AT CENTRA LYNCHBURG GENERAL HOSPITAL, CENTRA VIRGINIA BAPTIST HOSPITAL AND CENTRA SOUTHSIDE COMMUNITY HOSPITAL THE CENTRA FOUNDATION PROVIDED FUNDING FOR THE DETAILED REPORT, WHICH IDENTIFIES THE HEALTH NEEDS AND PRIORITIES FOR THE COMMUNITIES SERVED BY CENTRA THE ASSESSMENT INCLUDES INDIVIDUALS LIVING IN THE GREATER LYNCHBURG COMMUNITY, INCLUDING THE CITY OF LYNCHBURG AND BEDFORD, CAMPBELL, AMHERST, APPOMATTOX, AND NELSON COUNTIES THE CUMULATIVE REPORT OFFERS A STATISTICALLY RELIABLE SNAPSHOT OF THE COMMUNITYS HEALTH AND PROVIDES A WEALTH OF INFORMATION TO GUIDE THE CENTRA FOUNDATION IN ITS GRANT FUNDING EFFORTS EXPERTS SAY CLINICAL CARE, SOCIAL AND ENVIRONMENTAL FACTORS SUCH AS EDUCATION, EMPLOYMENT, HEALTH STATUS AND BEHAVIORS SUCH AS DIET, SMOKING AND EXERCISE, AND PHYSICAL ENVIRONMENT FACTORS SUCH AS AIR/WATER QUALITY, HOUSING AND ACCESS TO TRANSPORTATION INFLUENCES THE HEALTH OF A COMMUNITY THROUGH THE CHNA, CENTRA EXAMINED THESE AREAS AND IDENTIFIED OPPORTUNITIES TO MAKE CLINICAL SERVICES MORE RESPONSIVE TO COMMUNITY NEED AND TO COLLABORATE WITH OTHER LIKE-MINDED ORGANIZATIONS TO IMPROVE THE OTHER FACTORS THAT AFFECT THE HEALTH OF THE COMMUNITY THE INFORMATION GLEANED CAN SUPPORT THE STRATEGIC PLAN, ENSURE CENTRAS LONG-RANGE PLANS ARE RESPONSIVE AND HELP GUIDE THE AWARDING OF COMMUNITY GRANTS HEALTH CARE NEEDS AND REQUESTS ALSO ARE ASSESSED THROUGH FOCUS GROUPS, AND SURVEYS OF COMMUNITY RESIDENTS AND CIVIC LEADERS AS WELL AS HOSPITAL AND HEALTH CARE SYSTEM PATIENTS CENTRA ALSO PARTNERS WITH AGENCIES AND ORGANIZATIONS TO STUDY COMMUNITY NEEDS AND PROPOSE THE BEST SOLUTIONS IN ADDITION, A CALL CENTER RECEIVES CALLS AND REPORTS TO THE MARKETING DEPARTMENT FOR ADDITIONAL REQUESTS FROM THE COMMUNITY CENTRAHEALTH COM PROVIDES CONSTANT FEEDBACK FROM THE COMMUNITY, WHICH IS ADDRESSED IMMEDIATELY SURVEYS ARE CONDUCTED AT EVERY COMMUNITY EVENT ON WHICH THE COMMUNITY IS ABLE TO OFFER FEEDBACK

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE CENTRA TAKES A MULTIDISCIPLINARY APPROACH TO INFORMING OUR PATIENTS AND COMMUNITY ABOUT FINANCIAL ASSISTANCE INFORMATION ABOUT FINANCIAL ASSISTANCE AND CHARITY CARE CAN BE FOUND ON CENTRA'S INTERNET PAGE PROVIDING FULL DISCLOSURE ABOUT QUALIFICATIONS AND THE APPLICATION PROCESS INDIVIDUALS MAY OBTAIN INFORMATION AND AN APPLICATION FROM ANY REGISTRATION POINT OR CUSTOMER SERVICE UNIT, IN PERSON OR BY PHONE SIGNS ARE POSTED IN CONSPICUOUS LOCATIONS ALERTING INDIVIDUALS THAT FINANCIAL ASSISTANCE IS AVAILABLE AND WHERE TO OBTAIN ADDITIONAL INFORMATION BROCHURES ABOUT FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN REGISTRATION AND CUSTOMER SERVICE WHILE PATIENTS ARE HOSPITALIZED, A FINANCIAL COUNSELOR PROVIDES FINANCIAL ASSISTANCE INFORMATION, SCREENS PATIENTS FOR FEDERAL AND STATE PROGRAMS AND GIVES AN OPPORTUNITY TO ASK QUESTIONS ADDITIONALLY, AN INSERT ABOUT FINANCIAL ASSISTANCE IS MAILED IN EVERY UNINSURED BILL, REFERENCING AVAILABILITY OF FINANCIAL ASSISTANCE WITH CONTACT INFORMATION ON WHERE TO OBTAIN MORE INFORMATION

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION CENTRA IS A COMPREHENSIVE HEALTH CARE SYSTEM COVERING A SERVICE AREA OF 466,592 PEOPLE CENTRAS PRIMARY SERVICE AREA (PSA) INCLUDES THE CITIES OF LYNCHBURG AND BEDFORD, AND THE COUNTIES OF AMHERST, APPOMATTOX, BEDFORD, CAMPBELL, AND PITTSYLVANIA CENTRAS SECONDARY SERVICE AREA (SSA) INCLUDES THE COUNTIES OF BUCKINGHAM, CHARLOTTE, HALIFAX, NELSON, AND PRINCE EDWARD THE POPULATION FOR THE TOTAL SERVICE AREA IS 466,592, WITH AN ETHNIC MIX OF 24% BLACK AND 72% WHITE THE PERCENT OF THE TOTAL PSA/SSA POPULATION THAT IS 65 YEARS OF AGE AND OLDER IS 18 8% IT IS PROJECTED THAT BY 2020, THIS SAME AGE RANGE OF 65 PLUS WILL ACCOUNT FOR 21 03% OF THE TOTAL PSA/SSA POPULATION THE AVERAGE HOUSEHOLD INCOME IN THE PSA/SSA IS $46,048 THE CURRENT UNEMPLOYMENT RATE IS APPROXIMATELY 5 02% FOR THIS SERVICE AREA CENTRA PROMOTES THE NECESSITY OF HAVING A CULTURALLY SENSITIVE WORKFORCE AND PROVIDES AN OVERVIEW OF THE POPULATION MIX FOR ORIENTATION OF NEW EMPLOYEES CENTRA HOSTS WORKSHOPS ON CULTURAL COMPETENCE, PROVIDES REFERENCE BOOKS FOR EACH PATIENT CARE AREA AND PROVIDES A LESSON ON CULTURAL DIVERSITY AS PART OF YEARLY MANDATORY EDUCATION THERE ARE ALSO CHAPLAINS AVAILABLE WITH EXPERIENCE AND TRAINING TO SUPPORT CLINICAL STAFF WHO MIGHT HAVE NEEDS WITH CULTURALLY SENSITIVE ISSUES

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH IN ADDITION TO HEALTH EDUCATION PROGRAMS AND RESOURCES, CENTRA USES ITS HOSPITAL-BASED DEPARTMENTS TO IMPLEMENT NEW WAYS TO IMPROVE HEALTH CARE FOR THE REGION HERE ARE THREE EXAMPLES (1) CENTRA STARTED THE FIRST NATIONALLY CERTIFIED PROGRAM TO HELP PEOPLE RECEIVING TREATMENT AND CANCER SURVIVORS AS THEY HEAL AND RECOVER WITH THIS PROGRAM, CALLED STAR, CANCER PATIENTS AND SURVIVORS CAN LESSEN PAIN, WEAKNESS, FATIGUE, DEPRESSION AND MEMORY LOSS THAT CAN OCCUR WITH CANCER (2) CENTRA ESTABLISHED ITS PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) IN THE LYNCHBURG AND FARMVILLE AREAS TO OFFER ADULTS 55 YEARS OF AGE AND OLDER MEDICAL CARE AND EDUCATION THAT ALLOWS THEM TO STAY IN THEIR OWN HOMES WITH LONG-TERM CARE EXPERTISE GAINED THROUGH HOSPITAL-BASED CENTERS, CENTRA PROFESSIONALS FOCUS ON DISEASE PREVENTION, INTERVENTION AND WELLNESS THE PROGRAM IS BASED ON THE KNOWLEDGE OF PROFESSIONALS WHO ADVOCATE THAT IT IS BETTER FOR SENIORS WITH CHRONIC CARE NEEDS AND THEIR FAMILIES TO BE SERVED IN THE COMMUNITY FOR AS LONG AS IT IS MEDICALLY SAFE COMPREHENSIVE SERVICES ARE DELIVERED BY AN INTERDISCIPLINARY TEAM OF PROFESSIONALS, INCLUDING A PRIMARY CARE PHYSICIAN, REGISTERED NURSES, REHABILITATION THERAPISTS, DIETITIANS AND RECREATION/ACTIVITY STAFF (3) CENTRA HAS LEVERAGED ITS HIGH-BANDWIDTH CONNECTIVITY ACROSS FACILITIES AND PHYSICIAN PRACTICES TO IMPROVE THE HEALTH OF THE POPULATION THROUGH THE SHARING OF MEDICAL RECORDS WITH THIS CONNECTIVITY, CENTRA ALSO IS ABLE TO ESTABLISH A CLINICAL REPOSITORY THAT CAN BE MINED TO PERFORM TRUE POPULATION-BASED ANALYTICS

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM WHETHER BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES, ENHANCING HEALTH OR PROVIDING NEEDED REGIONAL PROGRAMS AND SUPPORT, CENTRA SERVES AS A KEY PARTNER IN MANAGING AND PROMOTING HEALTH CARE THROUGHOUT ITS SYSTEM TO ENSURE CARE TO THE REGIONAL COMMUNITIES IT SERVES DISEASE PREVENTION, TREATMENT AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES TO THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND PROGRAMS, CENTRA EXPANDS ITS HOSPITAL WALLS TO OFFER NATIONAL AWARD WINNING HEALTH CARE FOR ITS PATIENTS WHILE SEEKING TO ENHANCE THE HEALTH AND WELLNESS OF RESIDENTS IN ITS SERVICE AREA AS THE REGIONAL HEALTH CARE LEADER, CENTRA BRINGS A CONTINUOUS FLOW OF HEALTHCARE SERVICES DESIGNED TO ENSURE THAT PATIENTS RECEIVE CARE THAT MEETS THEIR IDENTIFIED NEED PATIENT CARE ENCOMPASSES WELLNESS AND PREVENTION, RECOGNITION OF DISEASE AND HEALTH PROBLEMS, PATIENT TEACHING, PATIENT ADVOCACY, SPIRITUALITY, AND RESEARCH THROUGHOUT THE CONTINUUM THIS CARE IS DELIVERED THROUGH ORGANIZED AND SYSTEMATIC PROCESSES DESIGNED TO ENSURE SAFE, EFFECTIVE AND TIMELY CARE AND TREATMENT DUE TO THE WAY THE HEALTH CARE SYSTEM MANAGES CARE, CENTRA CONTINUES TO MOVE TO A HIGHER LEVEL BY EVALUATING SPECIFIC PATIENT OUTCOMES AND PARTICIPATING IN VOLUNTARY NATIONAL CERTIFICATION PROGRAMS THAT EXAMINE PROCESSES AND PROFICIENCY CENTRA IS A MAJOR PARTNER IN THE HEALTH OF ITS REGIONAL POPULATION AND TAKES GREAT PRIDE IN PROVIDING THE FACILITIES, RESOURCES, EXPERTISE, AND PEOPLE TO IMPROVE THE HEALTH AND WELLNESS OF THE PEOPLE OF CENTRAL VIRGINIA FOR EXAMPLE, CENTRA HAS BEEN INSTRUMENTAL IN ESTABLISHING AND SUPPORTING MEDICAL CLINICS FOR THE UNDERSERVED POPULATION THESE INCLUDE SERVICES FOR PREGNANT WOMEN AND CHILDREN WHO OTHERWISE MAY NOT RECEIVE CRITICAL PREVENTIVE CARE CENTRA ALSO DONATES LABORATORY TESTING, RADIOLOGY SERVICES AND EQUIPMENT MULTIDISCIPLINARY TEAMS, INCLUDING PHYSICIANS FROM CENTRA PRACTICES AND EXPERTS IN LONG-TERM CARE AND REHABILITATION, OFFER PROFESSIONAL HEALTH EDUCATION CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS THE HEALTH CARE SYSTEM ALSO PARTNERS WITH COMMUNITY ORGANIZATIONS TO CO-SPONSOR DOZENS OF REGIONAL EVENTS IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND OTHER CENTRA PROFESSIONALS PROVIDE ONE-ON-ONE HEALTH COUNSELING AND EDUCATION FOR HOSPITAL AND SYSTEM PATIENTS THE HEALTH CARE SYSTEM OFFERS A HEALTH CARE CAREERS CAMP FOR TEENAGERS STUDENTS GAIN HANDS-ON EXPERIENCE, ENJOY A TOUR OF THE HOSPITALS HELICOPTER AND HANGAR AND ARE EXPOSED TO MANY CAREER OPPORTUNITIES CENTRA DISTRIBUTES A WEALTH OF PRINTED AND ONLINE HEALTH INFORMATION THROUGH ITS PUBLICATIONS, MEDIA STORIES AND INTERACTIVE WEBSITE THIS INFORMATION IS PRODUCED SPECIFICALLY FOR THE REGIONAL POPULATION AND TO MEET IDENTIFIED NEEDS AS THE SOLE HEALTH CARE SYSTEM IN ITS SERVICE AREA, CENTRA USES ITS HOSPITAL-BASED RESOURCES AS A VALUABLE VEHICLE FOR MANAGING AND PROMOTING HEALTH CARE AS PART OF ITS NONPROFIT MISSION

Form and Line Reference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	VA,

Additional Data

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	LYNCHBURG GENERAL HOSPITAL 1901 TATE SPRINGS ROAD LYNCHBURG,VA 24501 WWW CENTRAHEALTH COM	X	X					X			
2	VIRGINIA BAPTIST HOSPITAL 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503 WWW CENTRAHEALTH COM	X	X								
3	CENTRA SPECIALTY HOSPITAL 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503 WWW CENTRAHEALTH COM	X								LONG TERM ACUTE CARE	

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

_____

	Name and address	Type of Facility (describe)
1	CENTRA ALAN B PEARSON CANCER CENTER 1701 THOMSON DRIVE LYNCHBURG,VA 24501	CANCER CENTER & PALLIATIVE CARE
1	GRETNA MEDICAL CENTER 291 McBride Lane Gretna,VA 24557	Emergency, Imaging, Internal Internal Medicine, Cardiology, Rehab, Lab
2	CENTRA LAB PHLEBOTOMY CENTER 1900 TATE SPRINGS ROAD SUITE 9 LYNCHBURG,VA 24501	LAB SERVICES
3	GUGGENHEIMER HEALTH & REHABILITATION CEN 1902 GRACE STREET LYNCHBURG,VA 24504	NURSING HOME
4	FAIRMONT CROSSING HEALTH & REHBILATION C 173 BROCKMAN PARK DDRIVE AMHERST,VA 24521	NURSING HOME
5	SUMMIT HEALTH & REHABILITATION CENTER 1300 ENTERPRISE DRIVE LYNCHBURG,VA 24502	NURSING HOME
6	SUMMIT ASSISTED LIVING 1320 ENTERPRISE DRIVE LYNCHBURG,VA 24502	ASSISTED LIVING
7	CENTRA HOSPICE-LYNCHBURG 2097 LANGHORNE ROAD LYNCHBURG,VA 24501	HOSPICE CARE
8	CENTRA HOSPICE HOUSE 4413 BOONESBORO ROAD LYNCHBURG,VA 24503	HOSPICE HOUSE
9	CENTRA HOME HEALTH 1204 FENWICK DRIVE LYNCHBURG,VA 24502	HOME HEALTH SERVICES
10	CENTRA PACE 407 FEDERAL STREET LYNCHBURG,VA 24504	CARE FOR ELDERLY
11	PIEDMONT PSYCHIATRIC CENTER 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	MENTAL HEALTH
12	BRIDGES TREATMENT CENTER 693 LEESVILLE ROAD LYNCHBURG,VA 245022828	MENTAL HEALTH
13	ALTAVISTA MEDICAL CENTER 1280 A MAIN STREET ALTAVISTA,VA 24517	FAMILY PRACTICE
14	BROOKNEAL MEDICAL CENTER 104 CAROLINA AVENUE BROOKNEAL,VA 24528	FAMILY PRACTICE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

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	Name and address	Type of Facility (describe)
16	CMG - DANVILLE ORTHOPEDIC & REHAB SPECIA 404 AIRPORT ROAD SUITE C DANVILLE,VA 24540	ORTHOPEDICS & PHYSICAL THERAPY
1	CMG - NATIONWIDE 125 Nationwide Drive LYNCHBURG,VA 24502	INTERNAL MEDICINE, REHAB Physical Therapy, Occupational Rehab
2	VILLAGE PRACTICE - MONETA 4830 RUCKER RD MONETA,VA 24121	FAMILY PRACTICE
3	CENTER FOR PAIN MANAGEMENT 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	PAIN MANAGEMENT
4	CENTER FOR WOUND CARE AND HYPERBARIC MED 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	WOUND CARE
5	CMG UROLOGY CENTER 2542 LANGHORNE ROAD LYNCHBURG,VA 24501	UROLOGY
6	CMG UROLOGY CENTER-Oak Vassar Office 1330 Oak Lane Suite 203 LYNCHBURG,VA 24503	UROLOGY
7	CMG UROLOGY CENTER-Bedford 1613 Oakwood St Ste 202 Bedford,VA 24523	UROLOGY
8	MEDICAL & SURGICAL SPECIALISTS 173 EXECUTIVE DRIVE DANVILLE,VA 24540	UROLOGY, NEUROSURGERY, PLASTICS, CARDIOLOGY SVCS
9	DOMINION PRIMARY CARE 110 EXCHANGE STREET SUITE F DANVILLE,VA 24540	FAMILY PRACTICE
10	CMG WOMEN'S CENTER 2007 GRAVES MILL ROAD FOREST,VA 24551	WOMEN'S HEALTH SVCS
11	LIBERTY UNIVERSITY HEALTH SERVICES 1971 UNIVERSITY BLVD LYNCHBURG,VA 24502	FAMILY PRACTICE
12	JAMERSON YMCA REHAB CENTER 801 WYNDHURST DRIVE LYNCHBURG,VA 24502	REHAB CENTER
13	STROOBANTS CARDIOVASCULAR CENTER- MAIN O 2410 ATHERHOLT ROAD LYNCHBURG,VA 24501	CARDIOLOGY CENTER & CARDIOVASC
14	STROOBANTS CARDIOVASCULAR CENTER- BEDFOR 1613 OAKWOOD AVENUE BEDFORD,VA 24523	CARDIOLOGY CENTER

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
31	STROOBANTS CARDIOVASCULAR CENTER- FARMVI 900 WEST THIRD STREET FARMVILLE,VA 23901	CARDIOLOGY CENTER
1	STROOBANTS CARDIOVASCULAR CENTER- MONETA 1039 MAYBERRY CROSSING DRIVE SUITE MONETA,VA 24121	CARDIOLOGY CENTER
2	STROOBANTS CARDIOVASCULAR CENTER- GRETNA 1220 WEST GRETNA ROAD GRETNA,VA 24557	CARDIOLOGY CENTER
3	REHAB & GERIATRIC SERVICES 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	DRS PROVIDE SERVICES
4	BREAST IMAGING CENTER 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	MAMMOGRAPHERS READ SCREENINGS
5	MAMMOGRAPHY CENTER-TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	MAMMOGRAPHY CENTER
6	MAMMOGRAPHY CENTER-TATE SPRINGS 1900 TATE SPRINGS ROAD SUITE 1 LYNCHBURG,VA 24501	MAMMOGRAPHY CENTER
7	Pathways Recovery Lodge 1770 Earley Farm Road Amherst,VA 24521	DRUG & ALCOHOL TREATMENT Center
8	Rivermont School-Chase City 633 N Main Street Chase City,VA 23924	MENTAL HEALTH
9	Rivermont School- Dan River 4058 Franklin Turnpike Danville,VA 24540	MENTAL HEALTH
10	Rivermont School- Roanoke 1354 8th Street Roanoke,VA 24015	MENTAL HEALTH
11	Rivermont School-Hampton 303 Butler Farm Road Suite 100 Hampton,VA 23666	MENTAL HEALTH
12	Rivermont School-Tidewater 5163 Cleveland Street Virginia Beach,VA 23462	MENTAL HEALTH
13	Rivermont School-Alleghany Highlands 331 West Main Street Covington,VA 24426	MENTAL HEALTH
14	Rivermont School-Rockbridge 35 Magnolia Square Suite 7 Lexington,VA 24450	MENTAL HEALTH

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

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	Name and address	Type of Facility (describe)
46	Rivermont School - Lynchburg 3024 Forest Hills Circle Lynchburg, VA 24501	MENTAL HEALTH
1	Rivermont School - Fredricksburg 30 Pulte Dr Fredricksburg, VA 22406	MENTAL HEALTH
2	Rivermont School - Greater Petersburg 12318 Boydton Plank Road Dinwiddie, VA 23841	MENTAL HEALTH
3	Centra Neuroscience Center-Farmville 800 Oak Street Farmville, VA 23901	NEUROSCIENCE
4	Lynchburg Family Medicine Center 2323 Memorial Avenue Suite 10 Lynchburg, VA 24501	FAMILY PRACTICE RESIDENCY PROGRAM
5	CMG - Big Island Medical Center Highway 501 North Big Island, VA 24526	FAMILY PRACTICE
6	CMG - PrimeCare Main 130 Enterprise Drive Danville, VA 24540	FAMILY PRACTICE
7	CMG - PrimeCare East 404 Airport Drive Suite A Danville, VA 24540	FAMILY PRACTICE
8	CMG-BEDFORD MEDICAL CENTER 1613 Oakwood Street Suite 201 Bedford, VA 24523	FAMILY PRACTICE
9	LYNCHBURG EMPLOYEE CLINIC 901 CHURCH STREET Lynchburg, VA 24504	EMPLOYEE WELLNESS CLINIC
10	CMG PLASTIC SURGERY CENTER 1330 Oak Lane Suite 100 Lynchburg, VA 24503	PLASTIC SURGERY
11	CMG NEUROSCIENCE CENTER 2025 Tate Springs Road Lynchburg, VA 24501	NEUROSCIENCE
12	CMG Surgical Specialists - Seven Hills 1911 Thomson Drive Lynchburg, VA 24501	SURGERY SPECIALISTS
13	CMG Surgical Specialists - Central Va 1906 Thomson Drive Lynchburg, VA 24501	SURGERY SPECIALISTS
14	CENTRA COLLEGE OF NURSING 905 Lakeside Dr Suite A Lynchburg, VA 24501	COLLEGE OF NURSING

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
61	HEALTHWORKS CLINIC 1905 Atherholt Road Lynchburg,VA 24501	REHAB
1	ROSEMARY & GEORGE DAWSON INN 2012 Tate Springs Road Lynchburg,VA 24501	PATIENT/FAMILY INN
2	CENTRA - BEDFORD REHAB 1710 Whitfield Drive Bedford,VA 24523	OP REHAB SVCS
3	CENTRA HEALTH EMERGENCY SERVICES 1901 TATE SPRINGS ROAD LYNCHBURG,VA 24501	EMERGENCY SVCS
4	CMG - DANVILLE OCCUPATIONAL HEALTH SVCS 404 Airport Drive Suite B Danville,VA 24540	OCCUPATIONAL REHAB SERVICES
5	CMG - NEUROSCIENCE CENTER BEDFORD 1615 OAKWOOD STREET SUITE D BEDFORD,VA 24523	NEUROSURGERY
6	CMG - AMHERST MEDICAL CENTER 124 AMBRIAR COURT AMHERST,VA 24521	FAMILY PRACTICE
7	CMG INFECTIOUS DISEASE CENTER 2216 LANDOVER PLACE LYNCHBURG,VA 24501	INFECTIOUS DISEASE CTR
8	CENTRA PANORAMIC WELLNESS 1603 ENTERPRISE DRIVE SUITE A LYNCHBURG,VA 24502	WELLNESS CENTER
9	CMG HEALTHY SKIN CENTER 1330 OAK LANE SUITE 103 LYNCHBURG,VA 24503	SKIN CLINIC
10	CMG - MOBILE MEDICAL SERVICES 2010 ATHERHOLT ROAD LYNCHBURG,VA 24501	MOBILE MEDICAL SVCS
11	CMG - SLEEP DISORDERS CENTER-FOREST 1084 Thomas Jefferson Road FOREST,VA 24551	SLEEP DISORDER SVCS
12	CENTRAL VIRGINIA IMAGING LLC 113 NATIONWIDE DRIVE LYNCHBURG,VA 24502	RADIOLOGY JOINT VENTURE
13	SURGERY CENTER OF LYNCHBURG LLC 2401 ATHERHOLT ROAD LYNCHBURG,VA 24501	PHYSICIAN JOINT VENTURE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 13

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) N/A					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCH I, PART I, LINE 2	THROUGHOUT THE YEAR, GRANT REQUESTS ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL

Additional Data

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRA HEALTH FOUNDATION 1920 ATHERHOLT ROAD LYNCHBURG,VA 24501	54-1604094	501(C)(3)	500,000		N/A	N/A	CHARITABLE CONTRIBUTION
JOHNSON HEALTH CENTER 320 FEDERAL STREET LYNCHBURG,VA 24504	54-1287905	501(C)(3)	160,000		N/A	N/A	RENTAL CONTRIBUTION
ACADEMY OF FINE ARTS 600 MAIN STREET 12th Floor LYNCHBURG,VA 24504	23-7061145	501(C)(3)	265,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMAZEMENT SQUARE 27 9TH STREET LYNCHBURG,VA 24504	54-1713204	501(C)(3)	11,740		N/A	N/A	CHARITABLE CONTRIBUTION
CENTRAL VA FOUNDATION FOR ECONOMIC EDUCATION & IMP 2015 MEMORIAL AVENUE LYNCHBURG,VA 24501	54-1255814	501(C)(3)	50,000		N/A	N/A	CHARITABLE CONTRIBUTION
DIAMOND HILL BAPTIST CHURCH 1415 GRACE STREET 12th Floor LYNCHBURG,VA 24504	54-1225949	501(C)(3)	7,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LYNCHBURG COLLEGE BBB GERONTOLOGY 1501 LAKESIDE DRIVE Suite 201 LYNCHBURG,VA 24501	54-0505922	501(C)(3)	250,000		N/A	N/A	CHARITABLE CONTRIBUTION
MEDICAL SOCIETY OF VIRGINIA 2924 EMERYWOOD PARKWAY SUITE 300 12th Floor RICHMOND,VA 23294	52-1394768	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION
UNITED WAY OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG,VA 24501	54-0505923	501(C)(3)	25,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIRGINIA'S REGION 2000 ECONOMIC DEVELOP COUNCIL 828 MAIN STREET 12TH FLOOR PO BOX 1125 LYNCHBURG,VA 24504	54-1859984	501(C)(6)	30,000		N/A	N/A	CHARITABLE CONTRIBUTION
CENTRAL VIRGINIA GOVERNORS SCHOOL 3020 WARDS ROAD LYNCHBURG,VA 24502	54-1441933	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG,VA 24504	54-1420756	501(C)(3)	140,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET SUITE 1350 RICHMOND,VA 23219	54-1639924	501(C)(3)	60,000		N/A	N/A	CHARITABLE CONTRIBUTION
JAMERSON YMCA 801 WYNDHURST DRIVE LYNCHBURG,VA 24502	54-0505924	501(C)(3)	27,750		N/A	N/A	CHARITABLE CONTRIBUTION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM A NONQUALIFIED RETIREMENT PLAN DURING FY 2015 THE AMOUNT WAS INCLUDED IN THEIR W-2 WAGES NAME TITLE AMOUNT OF PAYOUT LEWIS ADDISON SR VP & CFO 58,453 PATTI MCCUE SR VP & CNO 48,637 DAVID ADAMS EXECUTIVE VP & CSO 48,777 EW TIBBS PRESIDENT & CEO 50,910 JANICE WALKER SR VP & CHIEF ADMIN OFFICER 28,535 DANIEL CAREY SR VP & CMO - MICHAEL ELLIOTT SR VP & COO - ---------- 235,312 ========== THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO A NONQUALIFIED RETIREMENT PLAN DURING FY 2015 NAME TITLE AMOUNT OF DEFERRAL LEWIS ADDISON SR VP & CFO - PATTI MCCUE SR VP & CNO - DAVID ADAMS EXECUTIVE VP & CSO 70,346 EW TIBBS PRESIDENT & CEO 167,802 JANICE WALKER SR VP & CHIEF ADMIN OFFICER 38,189 DANIEL CAREY SR VP & CMO 80,097 MICHAEL ELLIOTT SR VP & COO 35,955 ---------- 392,388 ==========

Additional Data

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1EW TIBBSPRESIDENT/CEO	(I)	661,548	264,493	129,387	175,752	46,255	1,277,435	50,910
	(II)	0	0	0	0	0	0	0
LEWIS C ADDISON THRU **1**82015 TREASURER & SENIOR VP/CFO	(I)	300,258	126,660	72,572	7,950	14,774	522,214	58,453
	(II)	0	0	0	0	0	0	0
DAVID G GOUGH AS OF **2**92015 INTERIM TREASURER & VP FINANCE	(I)	166,393	14,522	11,275	4,933	25,979	223,102	0
	(II)	0	0	0	0	0	0	0
3DAVID D ADAMS SECRETARY & EVP/CSO	(I)	409,222	120,750	57,151	78,296	26,387	691,806	48,777
	(II)	0	0	0	0	0	0	0
4VERNA R SELLERS MD DIRECTOR	(I)	262,543	0	1,084	6,857	5,460	275,944	0
	(II)	0	0	0	0	0	0	0
5DANIEL CAREY MD SVP/CHIEF MEDICAL OFFICER	(I)	384,111	134,040	71,565	88,047	32,378	710,141	0
	(II)	0	0	0	0	0	0	0
6MICHAEL I ELLIOTT SVP/CHIEF OPERATING OFFICER	(I)	237,955	71,910	6,428	43,146	32,350	391,789	0
	(II)	0	0	0	0	0	0	0
7PATTI S MCCUE SCED SVP/CHIEF NURSING OFFICER	(I)	290,260	91,140	73,790	7,950	8,021	471,161	48,637
	(II)	0	0	0	0	0	0	0
8JANICE H WALKER SVP/CHIEF ADMIN OFFICER	(I)	255,532	76,380	34,488	45,827	20,541	432,768	28,535
	(II)	0	0	0	0	0	0	0
9THEOFILOS MACHINIS MD MD NEUROSURGERY	(I)	810,701	0	788	7,950	32,816	852,255	0
	(II)	0	0	0	0	0	0	0
10DILANTHA ELLEGALA MD MD NEUROSURGERY	(I)	807,933	0	1,332	7,950	42,188	859,403	0
	(II)	0	0	0	0	0	0	0
11WALTUS H GILL MD MD NEUROSURGERY	(I)	683,688	39,450	21,551	7,950	2,737	755,376	0
	(II)	0	0	0	0	0	0	0
12AUDREY E GRAHAM MD MD MAMMOGRAPHY	(I)	680,419	29,250	18,801	7,950	31,981	768,401	0
	(II)	0	0	0	0	0	0	0
13MATTHEW C SACKETT MD MD CARDIOVASCULAR	(I)	699,971	0	19,215	7,950	41,387	768,523	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ECONOMIC DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	999999999	12-17-2010	30,000,000	NEW CONSTRUCTION & EQUIPMENT 2010		X		X		X
B	INDUSTRIAL DEVEL AUTH OF COUNTY OF CAMPBELL VA	52-1309406	999999999	04-27-2007	7,500,000	NEW CONSTRUCTION COUNTY OF CAMPBE		X		X		X
C	INDUSTRIAL DEVEL AUTHO OF THE TOWN OF AMHERST	54-1804155	999999999	06-29-2007	8,000,000	NEW CONSTRUCTION (TOWN OF AMHERST)		X		X		X
D	ECONOMIC DEVEL AUTH OF COUNTY OF APPOMATTOX	54-1864523	999999999	11-29-2007	7,500,000	NEW CONSTRUCTION (COUNTY OF APPOMA		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,862,088	2,419,683	2,582,398	2,255,289
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	30,223,487	7,500,000	8,000,000	7,500,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	185,914	50,000	60,000	60,000
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	30,037,573	7,450,000	7,940,000	7,440,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2008	2008	2007

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	BRANCH BANKING & TRU		0		0		0	
c	Term of hedge		7 %						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA BOND ISSUE PRICE $30,000,000 TOTAL PROCEEDS OF ISSUE INCLUDES INTEREST EARNINGS 2004 SERIES B, C, F BONDS - ISSUE PRICE $126,425,000 TOTAL PROCEEDS OF ISSUE INCLUDES INTERST EARNINGS

Return Reference	Explanation
	CENTRA HEALTH SERIES 2004 B, C, F BONDS A REBATE CALCULATION WAS PERFORMED ON APRIL 8, 2009 FOR THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL AUCTION RATE SECURITIES REFUNDING REVENUE BONDS NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THE SERIES 2004 B, C, F BONDS CENTRA HEALTH SERIES 2004 A, D, E, BONDS A REBATE CALCULATION WAS PERFORMED ON APRIL 23, 2010 FOR THE ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL VARIABLE RATE REVENUE BONDS NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THE SERIES 2004 A, D & E REISSUED BONDS CENTRA HEALTH SERIES 2010 BOND A REBATE CALCULATION WAS PERFORMED ON JUNE 10, 2016 FOR THE ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VIRGINIA, HOSPITAL REVENUE BOND NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THIS SERIES 2010 BOND ISSUE CENTRA HEALTH SERIES 2007
SCHEDULE K, PART IV, LINE 2C	APPOMATTOX COUNTY, VA BOND A REBATE CALCULATION WAS PERFORMED ON JANUARY 31, 2013 FOR THE ECONOMIC DEVELOPMENT AUTHORITY OF COUNTY OF APPOMATTOX, VA HEALTH CARE FACILITIES REVENUE BOND NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THE SERIES 2007 APPOMATTOX COUNTY, VA BOND CENTRA HEALTH SERIES 2007 CAMPBELL COUNTY, VA BOND A REBATE CALCULATION WAS PERFORMED ON JANUARY 31, 2013 FOR THE INDUSTRIAL DEVELOPMENT AUTHORITY OF COUNTY OF CAMPBELL, VA, HEALTH CARE FACILITIES REVENUE BOND NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THE SERIES 2007 CAMPBELL COUNTY, VA BOND CENTRA HEALTH SERICE 2007 TOWN OF AMHERST, VA BOND A REBATE CALCULATION WAS PERFORMED ON JANUARY 31, 2013 FOR THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE TOWN OF AMHERST, VA HEALTH CARE FACILITIES REVENUE BOND NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THE SERIES 2007 TOWN OF AMHERST, VA BOND

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	551245GN7	12-08-2004	126,425,000	2004 B,C,F BONDS NEW CONST / CURRE		X		X		X
B	ECONOMIC DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	551245HA4	09-29-2009	78,950,000	2004 A,D,E BONDS CURRENT REFUNDIN		X		X		X
C	ECONOMICDEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	999999999	09-10-2014	79,895,000	2014 A, B BONDS NEW CONSTRUCTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	47,348,243	11,025,000	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	129,698,243	78,950,000	79,895,000	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	10,049,028	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	905,203	0	443,536	
8	Credit enhancement from proceeds	3,198,000	0	0	
9	Working capital expenditures from proceeds	0	0	50,609,476	
10	Capital expenditures from proceeds	101,772,759	0	0	
11	Other spent proceeds	10,500,010	78,950,000	0	
12	Other unspent proceeds	0	0	25,841,988	
13	Year of substantial completion	2007	2007		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?	X		X		X			
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	DEUTSCHE BANK		0		0			
c	Term of hedge		30 %						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LYNCHBURG PULMONARY ASSOCIATES	SEE PART V	1,944,909	SEE PART V		No
(2) ORTHOPAEDIC CENTER OF CENTRAL VIRGI	SEE PART V	1,055,260	SEE PART V		No
(3) MARK C ADDISON	SEE PART V	30,163	SEE PART V		No
(4) MARK A MCKINNEY	SEE PART V	112,140	SEE PART V		No
(5) JACK E WALKER	SEE PART V	85,268	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV	BUSINESS TRANSACTIONS (A) NAME OF PERSON LYNCHBURG PULMONARY ASSOCIATES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER ALBERT BAKER, MD IS PARTIAL OWNER OF LYNCHBURG PULMONARY ASSOCIATES (C) AMOUNT OF TRANSACTION $1,944,909 (D) DESCRIPTION OF TRANSACTION PAYMENTS FOR COVERAGE OF PATIENTS IN CRITICAL CARE UNITS RENDERED TO CENTRA HEALTH, INC IN LYNCHBURG, VA (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER H C ESCHENROEDER, JR, MD, IS SHAREHOLDER OF ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA (C) AMOUNT OF TRANSACTION $1,055,260 (D) DESCRIPTION OF TRANSACTION PAYMENT FOR MEDICAL SERVICES RENDERED TO CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON MARK C ADDISON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF LEWIS ADDISON, OFFICER OF CENTRA HEALTH, INC (C) AMOUNT OF TRANSACTION $30,163 (D) DESCRIPTION OF TRANSACTION COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON MARK A MCKINNEY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF E W TIBBS, OFFICER OF CENTRA HEALTH, INC (C) AMOUNT OF TRANSACTION $112,140 (D) DESCRIPTION OF TRANSACTION COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON JACK E WALKER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JANICE H WALKER, KEY EMPLOYEE OF CENTRA HEALTH, INC (C) AMOUNT OF TRANSACTION $85,268 (D) DESCRIPTION OF TRANSACTION COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
CENTRA HEALTH INC	54-0715569

Return Reference	Explanation
Form 990, Part III, Line 4a	AS THE REGIONAL HEALTH CARE LEADER, CENTRAS COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES CENTRA HAS BEEN BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR DECADES, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOLADES FOR ITS QUALITY OF CARE HOWEVER, JUST AS IMPORTANT IS CENTRAS COMMITMENT AND DEDICATION TO SERVING AS A PARTNER IN THE REGIONAL COMMUNITIES DISEASE PREVENTION AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES THROUGHOUT THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND EDUCATIONAL PROGRAMS, CENTRA IS COMMITTED TO PROVIDING THE BEST HEALTH CARE FOR ITS PATIENTS AND IMPROVING THE HEALTH AND WELLNESS OF ALL THE RESIDENTS OF CENTRAL VIRGINIA CENTRAS COMMUNITY EVENTS, OFFERED IN COLLABORATION WITH THE CENTRA HEALTH FOUNDATION AND THE CENTRA MEDICAL STAFF, IS JUST ONE EXAMPLE OF CENTRAS MANY SERVICES TO THE COMMUNITY IN ADDITION, CENTRA EMPLOYEES DEDICATE THEMSELVES TO IMPROVING THE HEALTH AND WELLBEING OF THE COMMUNITY BY TAKING AN ACTIVE ROLE IN THE REGION, FROM VOLUNTEERING FOR LOCAL BOARDS AND CIVIC AND COMMUNITY ORGANIZATIONS TO PARTICIPATING IN COMMUNITY EVENTS AND STAFFING HEALTH AND WELLNESS FAIRS CENTRA IS A MAJOR PARTNER IN THE HEALTH OF THE REGION AND TAKES GREAT PRIDE IN PROVIDING FACILITIES, RESOURCES AND EXPERTISE TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE THROUGHOUT CENTRAL VIRGINIA IN 2015, CENTRA HELD MANY NATIONAL AWARDS AND ACCOLADES, SUCH AS -THE AMERICAN NURSES CREDENTIALING CENTER HAS RE-DESIGNATED CENTRA LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AS MAGNET FACILITIES FOR THE SECOND TIME AND CENTRA MEDICAL GROUP HAS BEEN DESIGNATED FOR THE FIRST TIME MAGNET RECOGNIZES EXCELLENCE IN NURSING CENTRA WAS THE FIRST HEALTHCARE SYSTEM IN CENTRAL VIRGINIA TO ACHIEVE MAGNET STATUS IN 2005 -CENTRAS ALAN B PEARSON REGIONAL CANCER CENTER RECEIVED THE ADVANCED CERTIFICATION FOR PALLIATIVE CARE FROM THE JOINT COMMISSION PALLIATIVE CARE IS SPECIALIZED MEDICAL CARE FOCUSED ON PROVIDING PATIENTS WITH RELIEF FROM SYMPTOMS, PAIN, AND STRESS OF A SERIOUS ILLNESS WHATEVER THE DIAGNOSIS THE GOAL IS TO IMPROVE QUALITY OF LIFE FOR BOTH THE PATIENT AND THE FAMILY -CENTRA'S BREAST IMAGING CENTER HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY (ARC) FOR ITS DEDICATION TO IMPROVING WOMEN'S HEALTH AND FOR BEING FULLY ACCREDITED BY THE ARC IN MAMMOGRAPHY, BIOPSY, MRI, AND ULTRASOUND -CENTRA HAS RECEIVED ACCREDITATION FOR ITS TREATMENT OF ACUTE MYOCARDIAL INFARCTION (HEART ATTACK) AND CHEST PAIN PATIENTS FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE (SCPC) THE NATIONAL ACCREDITATION ONCE AGAIN SHOWS THAT CENTRA EXCEEDS NATIONAL STANDARDS AND GUIDELINES THAT BRING HEART ATTACK CARE EXCELLENCE -CENTRA HAS RECEIVED DISEASE SPECIFIC CERTIFICATION FOR CONGESTIVE HEART FAILURE FROM THE JOINT COMMISSION THE NATIONAL CERTIFICATION SHOWS THAT CENTRA EXCEEDS NATIONAL STANDARDS AND GUIDELINES TO IMPLEMENT PROCESSES TO IMPROVE PATIENT OUTCOMES AND EXCELLENT TRANSITIONAL CARE -CENTRA HAS RECEIVED RE-CERTIFICATION FOR ITS TREATMENT OF ACUTE MYOCARDIAL INFARCTION (HEART ATTACK) PATIENTS FROM THE JOINT COMMISSION THE NATIONAL CERTIFICATION ONCE AGAIN SHOWS THAT CENTRA EXCEEDS NATIONAL STANDARDS AND GUIDELINES THAT BRING HEART ATTACK CARE EXCELLENCE -CENTRA LYNCHBURG GENERAL HOSPITAL HAS AGAIN EARNED THE JOINT COMMISSION'S NATIONAL CERTIFICATE OF DISTINCTION FOR PRIMARY STROKE CENTERS AND WAS THE FIRST HOSPITAL IN CENTRAL, SOUTHERN AND WESTERN VIRGINIA TO EARN THIS HONOR IN 2010 -CENTRA HAS RECEIVED THE BLUE DISTINCTION SPECIALTY CARE DESIGNATION FROM THE BLUECROSS BLUESHIELD ASSOCIATION THIS NATIONAL DESIGNATION PROGRAM RECOGNIZES HOSPITALS THAT DEMONSTRATE EXPERTISE IN DELIVERING QUALITY SPECIALTY CARE, SAFELY AND EFFECTIVELY -CENTRAS LYNCHBURG HEMATOLOGY ONCOLOGY CENTER, LOCATED WITHIN THE CENTRA ALAN B PEARSON REGIONAL CANCER CENTER, HAS RECEIVED QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) CERTIFICATION FROM THE QOPI CERTIFICATION PROGRAM WHICH RECOGNIZES THIS PRACTICE IS COMMITTED TO DELIVERING THE HIGHEST QUALITY OF CANCER CARE THIS CERTIFICATION VALIDATES PROCESSES THAT DEMONSTRATE A PRACTICES COMMITMENT TO QUALITY FOR PATIENTS, PAYERS, AND THE MEDICAL COMMUNITY IN 2011, THIS PRACTICE WAS ONE OF THE FIRST FIVE CENTERS TO EARN QOPI CERTIFICATION -CENTRAS ALAN B PEARSON REGIONAL CANCER CENTER HAS EARNED THE NATIONAL OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER COLLEGE OF SURGEONS CENTRA IS ONE OF A SELECT GROUP OF U S HEALTHCARE FACILITIES WITH ACCREDITED CANCER PROGRAMS TO RECEIVE THIS NATIONAL HONOR -CENTRA BREAST CANCER SERVICES HAS AGAIN EARNED NATIONAL ACCREDITATION FROM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS -CENTRA CANCER CARE SERVICES HAS AGAIN EARNED A THREE-YEAR FULL ACCREDITATION WITH COMMENDATION AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER -THE CENTRA JOINT REPLACEMENT CENTER HAS EARNED CERTIFICATION OF THE TOTAL KNEE AND TOTAL HIP REPLACEMENT PROGRAM ITS TOTAL HIP AND TOTAL KNEE REPLACEMENT PROGRAMS ARE NATIONALLY CERTIFIED BY THE JOINT COMMISSION -THE LYNCHBURG GENERAL HOSPITAL SCHOOL OF NURSING DIPLOMA PROGRAM HAS MAINTAINED FULL ACCREDITATION FROM THE NATIONAL LEAGUE OF NURSING ACCREDITATION COUNCIL -THE CENTRA COLLEGE OF NURSING MAINTAINS THEIR APPROVAL AND CERTIFICATION OF THE COLLEGE OF NURSING BY THE VIRGINIA BOARD OF NURSING AND IS CERTIFIED TO OPERATE BY THE STATE COUNCIL OF HIGHER EDUCATION AND IS A MEMBER OF THE NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE IN NURSING -CENTRA LYNCHBURG GENERAL HOSPITAL IS A LEVEL II TRAUMA CENTER, OFFERING 24-HOUR, COMPREHENSIVE EMERGENCY CARE AND TRANSPORTATION SERVICES, INCLUDING AIR MEDICAL TRANSPORT BY THE STATE-OF-THE-ART HELICOPTER, CENTRA ONE -CENTRA'S INTERMEDIATE CARE UNIT NURSING TEAM IS THE FIRST IN VIRGINIA TO RECEIVE THE BEACON AWARD FOR QUALITY OF CARE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES -CENTRA LYNCHBURG GENERAL HOSPITAL RECEIVED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATIONS MAP AWARD FOR HIGH PERFORMANCE IN REVENUE CYCLE AS A NATIONAL AWARD WINNER, CENTRA LYNCHBURG GENERAL HOSPITAL HAS MET STRINGENT EVALUATION CRITERIA ADDRESSING CRITICAL PERFORMANCE FACTORS SUCH AS REVENUE CYCLE PROCESSES, FINANCIAL PERFORMANCE, INNOVATION, ADOPTION OF PATIENT FRIENDLY BILLING PRINCIPLES, AND PATIENT SATISFACTION -CENTRA MENTAL HEALTH SERVICES CHILD, ADULT, AND GERIATRIC UNITS, LOCATED IN VIRGINIA BAPTIST HOSPITAL, HAVE BEEN NAMED A 2015 GUARDIAN OF EXCELLENCE AWARD WINNER BY PRESS GANEY ASSOCIATES, INC THE GUARDIAN OF EXCELLENCE AWARD RECOGNIZES TOP-PERFORMING HEALTH CARE ORGANIZATIONS THAT HAVE CONSISTENTLY ACHIEVED THE 95TH PERCENTILE OR ABOVE OF PERFORMANCE IN PATIENT EXPERIENCE THE PRESS GANEY GUARDIAN OF EXCELLENCE AWARD IS A NATIONALLY-RECOGNIZED SYMBOL OF ACHIEVEMENT IN HEALTH CARE PRESENTED ANNUALLY, THE AWARD HONORS CLIENTS WHO CONSISTENTLY SUSTAINED PERFORMANCE IN THE TOP 5% OF ALL PRESS GANEY CLIENTS FOR EACH REPORTING PERIOD DURING THE COURSE OF ONE YEAR IN THE PAST FEW YEARS, CENTRAS INPATIENT PSYCHIATRIC PROGRAMS HAVE MADE IMPROVEMENTS IN ORDER TO ENHANCE THE PATIENT EXPERIENCE BY HIRING ONLY BACHELORS PREPARED FRONT-LINE STAFF, BY ADOPTING EVIDENCE-BASED ASSESSMENT TOOLS AND PROGRAMMING, SUCH AS COGNITIVE BEHAVIORAL THERAPY (CBT) AND DIALECTICAL BEHAVIORAL THERAPY (DBT), AND BY PROVIDING TOP-NOTCH CUSTOMER SERVICE WITH FOLLOW-UP PHONE CALLS, PARENT SURVEYS AND LEADER ROUNDING ADDITIONALLY, MANY OF CENTRAS PSYCH NURSES ARE BOARD CERTIFIED -CENTRA HEALTHS RIVERMONT SCHOOLS HAVE RECEIVED ADVANCED ACCREDITATION ADVANCED IS THE LARGEST COMMUNITY OF EDUCATON PROFESSIONALS IN THE WORLD WHO CONDUCT RIGOROUS, ON-SITE EXTERNAL REVIEWS OF PREK-12 SCHOOLS AND SCHOOL SYSTEMS TO ENSURE THAT ALL LEARNERS REALIZE THEIR FULL POTENTIAL THEY COMBINE THE KNOWLEDGE AND EXPERTISE OF A RESEARCH INSTITUTE, THE SKILLS OF A MANAGEMENT CONSULTING FIRM AND THE PASSION OF A GRASSROOTS MOVEMENT FOR EDUCATIONAL CHANGE, SERVING 32,000 SCHOOLS AND SCHOOL SYSTEMS ACROSS THE UNITED STATES AND 70 OTHER NATIONS -CENTRA HOME HEALTH WAS THE HHCAHPS HONORS ELITE RECIPIENT IN 2015 HHCAHPS HONORS IS A LANDMARK COMPILATION OF HOME HEALTH AGENCIES PROVIDING THE BEST PATIENT EXPERIENCE ESTABLISHED BY DEYTA ANALYTICS, THIS PRESTIGIOUS ANNUAL REVIEW RECOGNIZES AGENCIES THAT CONTINUOUSLY PROVIDE QUALITY CARE AS MEASURED FROM THE PATIENTS POINT OF VIEW

Return Reference	Explanation
2015 COMMUNITY BENEFIT HIGHLIGHTS	-CENTRA CONTINUES TO CONTRIBUTE MILLIONS OF DOLLARS TOWARD UNPAID COST OF PATIENT CARE, INCLUDING, BUT NOT LIMITED TO -TRADITIONAL CHARITY CARE INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY DURING 2015, $42,571,405 OF CHARGES AT AN ESTIMATED COST OF $20,060,385 WAS PROVIDED TO PATIENTS OF CENTRA THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY ASSISTANCE FOCUSES ON INCOME LEVELS SET BY THE STATE OF VIRGINIA THESE POLICIES CALL FOR PROVIDING CARE FREE OF CHARGE TO PATIENTS WHO DEMONSTRATE A FAMILY INCOME BELOW OR EQUAL TO 200 PERCENT OF THE STATE APPROVED POVERTY GUIDELINE PATIENTS WHO HAVE A FAMILY INCOME OF GREATER THAN 200 PERCENT TO 400 PERCENT OF THE POVERTY LEVEL ARE ELIGIBLE FOR PARTIAL ASSISTANCE BASED ON A DISCOUNT SCHEDULE THAT CONSIDERS BOTH FAMILY GROSS INCOME AND ACCOUNT BALANCE ASSISTANCE IS PROVIDED BY CENTRA AND FROM INDIGENT FUNDS MADE AVAILABLE BY CENTRA HEALTH FOUNDATION -THE CALCULATION OF MEDICARE SHORTFALL DOES NOT REFLECT ALL OF THE ORGANIZATIONS REVENUES AND COSTS ASSOCIATED WITH ITS PARTICIPATION IN THE MEDICARE PROGRAM, PER IRS INSTRUCTIONS MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING THE COST TO CHARGE RATIO THEREFORE, THE UNREIMBURSED CALCULATED COSTS OF CARE RENDERED TO MEDICARE PATIENTS TOTALED $10,394,308 IN 2015 -UNPAID COSTS OF MEDICAID, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICAID FOR CARE RENDERED TO MEDICAID PATIENTS TOTALED $14,896,577 IN 2015 COMMUNITY EDUCATION & HEALTH SCREENINGS -CENTRAL VIRGINIANS BENEFIT FROM QUALITY HEALTH EDUCATION OPPORTUNITIES AND SCREENINGS, THANKS TO THE PARTNERSHIP BETWEEN CENTRA AND THE CENTRA HEALTH FOUNDATION INCLUDED BELOW IS A LIST OF SELECTED ACCOMPLISHMENTS AND COMMUNITY SUPPORT CENTRA PROVIDED IN 2015 AS A COMMUNITY PARTNER CENTRA EMPLOYEES CONTINUALLY OFFER PROFESSIONAL HEALTH EDUCATION PROGRAMS, CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS THROUGHOUT THE REGION IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND MANY OTHER PROFESSIONALS AT CENTRA PROVIDE "ONE-ON-ONE" PERSONILZED EDUCTAION IN 2015, OVER 450 HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS REACHED MORE THAN 26,100 INDIVIDUALS WITH IN THE COMMUNITY KNITTING CLASSES THIS PROGRAM OFFERS CANCER PATIENTS, CAREGIVERS, AND OTHERS AFFECTED BY CANCER THE OPPORTUNITY TO LEARN THE ART OF KNITTING AND CROCHETING THE OBJECTIVE OF THE CLASS IS TO PROVIDE WAYS TO PASS TIME DURING TREATMENTS, TO CREATE DONATIONS FOR PATIENTS, AND A PLACE TO BUILD A SUPPORT GROUP THAT MEETS REGULARLY SO THAT PARTICIPANTS HAVE AN EASY WAY TO CONNECT AND BUILD RELATIONSHIPS NUTRITION CLASSES, COOKING DEMONSTRATIONS, FREE FARMERS MARKET THESE PROGRAMS OFFER A UNIQUE OPPORTUNITY TO ACQUIRE KNOWLEDGE ABOUT THE LINK BETWEEN DIET AND CANCER, EXPERIENCE THE BENEFITS OF PLANT-BASED NUTRITION, AND LEARN THE PRACTICAL COOKING SKILLS NEEDED TO HELP YOU ON YOUR JOURNEY TO BETTER HEALTH IN THE CLASSES, ATTENDEES DO ALL OF THIS WHILE ENJOYING A COOKING DEMONSTRATION AND TASTING DELICIOUS, HEALTHFUL DISHES ART CLASSES THESE ART CLASSES ARE BEING OFFERED TO CANCER PATIENTS AS A FORM OF THERAPY ART IS USED TO ASSIST CANCER PATIENTS TO USE THE CREATIVE SIDE OF THE BRAIN IT IS BELIEVED IN THE MEDICAL WORLD THAT A CREATIVE ACTIVITY PROMOTES HEALING MINDFUL MEDITATION CLASSES MINDFUL MEDITATION CLASSES CONSIST SIMPLY OF BEING AWARE OF THE PRESENT MOMENT NEGATIVE REACTIONS TO PAIN- SUCH AS FEAR OR ANGER- ACTUALLY CAN MAKE PAIN WORSE MINDFULNESS TEACHES ONE TO OBSERVE THOUGHTS AND FEELINGS INSTEAD OF REACTING TO THEM, SO YOU'LL LEARN TO EXPERIENCE PAIN/STRESS AS A MOMENT-TO-MOMENT SENSATION, WHICH THEN LESSENS THE INTENSITY RESEARCH SHOWS MINDFULNESS-BASED STRESS REDUCTION TECHNIQUES CAN REDUCE CHRONIC PAIN AND ANXIETY AND INCREASE VITALITY MUSIC THERAPY MANY PEOPLE FIND LISTENING TO MUSIC RELAXING, SOOTHING, AND ENJOYABLE FOR CANCER PATIENTS, IT ALSO CAN BE A WAY TO COPE WITH SOME OF THE SYMPTOMS OF THEIR DISEASE AND SIDE EFFECTS OF THEIR TREATMENT NEW RESEARCH SUPPORTS LISTENING TO RECORDED MUSIC, AS WELL AS MUSIC THERAPY, TO IMPROVE ANXIETY, PAIN, MOOD, QUALITY OF LIFE, HEART RATE, RESPIRATORY RATE, AND BLOOD PRESSURE IN CANCER PATIENTS CARDIAC EDUCATION AND SCREENINGS VARIOUS PROGRAMS WITHIN THE STROOBANTS HEART CENTER OFFER MEMBERS OF THE COMMUNITY FREE EDUCATION, SCREENINGS AND LECTURES HEARTAWARE AN ONLINE RISK ASSESSMENT WAS LAUNCHED ON THE CENTRA WEBSITE IN 2010 THROUGH HEARTAWARE, MEMBERS OF THE COMMUNITY ARE ABLE TO TAKE THE FREE ASSESSMENT TO DETERMINE THEIR INDIVIDUAL RISK OF DEVELOPING HEART DISEASE THEIR RISKS ARE EVALUATED BY CARDIAC NURSES THAT DETERMINE A PLAN OF ACTION TO LOWER OR ELIMINATE THESE RISKS ALONG WITH HEARTAWARE, COMMUNITY EVENTS, HEALTH FAIRS, LECTURES, BLOOD PRESSURE AND CHOLESTEROL SCREENINGS ARE AN EFFECTIVE APPROACH TO RAISING AWARENESS AND COMBATING HEART DISEASE OTHER ONLINE WELLNESS ASSESSMENTS IN ADDITION TO THE HEARTAWARE ONLINE RISK ASSESSMENT, CENTRA ALSO HAS FOUR OTHER FREE ONLINE RISK ASSESSMENTS WHICH ARE LOCATED ON CENTRA HEALTHS WEBSITE THE COMMUNITY CAN LOCATE THESE ASSESSMENTS BY GOING TO WWW CENTRAHEALTH COM AND SELECTING "WELLNESS" ON THE TOP TAB THESE ASSESSEMENTS ARE - LUNGAWARE TO ASSESS THE RISK OF LUNG DISEASE - PAD AWARE TO ASSESS THE RISK OF PERIPHERAL ARTERY DISEASE - DIABETESAWARE TO ASSESS THE RISK OF DIABETES - SLEEPAWARE TO ASSESS THE RISK OF OBSTRUCTIVE SLEEP DISORDER BE TOBACCO FREE CLINIC CENTRA HEALTHS PULMONARY REHABILITATION PROGRAM OFFERS FREE ONE HOUR BE TOBACCO FREE PROGRAMS MONTHLY FOR PEOPLE CONSIDERING A TOBACCO-FREE LIFE, WHETHER ITS SMOKING OR CHEWING TOBACCO DURING 2015, 40 INDIVIDUALS PARTICIPATED IN ADDITION, THIS PROGRAM IS PROVIDED OUT IN THE COMMUNITY IN ORDER TO REACH MORE INDIVIDUALS DURING 2015, WE BROUGHT THE BE TOBACCO FREE CLINIC TO AMERICAN NATIONAL UNIVERSITY, LYNCHBURG HIGH APARTMENTS, SHALOM APARTMENTS, AND THE JUBILEE CENTER AND REACHED APPROXIMATELY 100 INDIVIDUALS THIS WAY WE ALSO ATTENDED THE "JUST SAY NO" DAY AT THE CITY STADIUM, IN COALITION WITH OTHER LOCAL BUSINESSES, WHERE 500-1000 FIFTH GRADERS CAME TO HEAR ABOUT THE DANGERS OF TOBACCO USE WE ALSO COORDINATED THE GREAT AMERICAN SMOKE OUT AT OUR LOCAL HOSPITALS IN ORDER TO HELP THE PUBLIC, PATIENTS, AND EMPLOYEES QUIT USING TOBACCO WE WERE ABLE TO REACH 192 INDIVIDUALS DURING THIS PROGRAM HEALTH SCREENINGS AND COMMUNITY HEALTH EDUCATION CENTRA PROVIDES SPONSORSHIP AND SUPPORT OF COMMUNITY HEALTH EDUCATION AND HEALTH SCREENING PROGRAMS HEALTH AND WELLNESS TOPICS SPAN THE HEALTH AND WELLNESS CONTINUUM, ADDRESSING BOTH WELLNESS AND DISEASE-RELATED ISSUES HEALTH SCREENINGS PROVIDED THROUGHOUT THE REGION INCLUDE BLOOD SUGAR, CHOLESTEROL, BODY FAT PERCENTAGE, PULMONARY FUNCTION, PSA FOR PROSTATE CANCER, SKIN AND COLORECTAL CANCER, BLOOD PRESSURE SCREENINGS AND OSTEOPOROSIS SCREENINGS MAMMOGRAPHY SCREENINGS ARE ALSO PROVIDED AT NO CHARGE TO WOMEN WHO ARE UNDERINSURED OR UNINSURED SLEEP DISORDERS CENTER OUTREACH THE SLEEP DISORDERS CENTER AT VIRGINIA BAPTIST HOSPITAL PARTICIPATED IN NUMEROUS HEALTH FAIRS AT LOCAL BUSINESSES AND CHURCHES IN THE COMMUNITY STAFF MEMBERS GAVE LECTURES AND PRESENTATIONS ON SLEEP DISORDERS PRESENTATIONS INCLUDED INFORMATION RELATED TO HEALTHY SLEEP HABITS, THE IMPORTANCE OF SLEEP, HEALTH RISKS DUE TO SLEEP DISORDERS AND TREATMENT OPTIONS IN 2015, 1,636 PEOPLE WERE SERVED KOMEN VOLUNTEER PROGRAM THE KOMEN VOLUNTEER PROGRAM IS A VERY IMPORTANT PART OF THE ONCOLOGY BREAST NAVIGATION PROGRAM AT CENTRA THE PROGRAM TARGETS THE UNDERSERVED IN LYNCHBURG AND THE SURROUNDING COUNTIES AS PART OF THE PROGRAM, KOMEN TRAINED VOLUNTEER EDUCATORS, CENTRAS COMMUNITY LIAISON, HEALTH PROMOTION INTERNS/STUDENTS, AND ONCOLOGY REGISTERED NURSES (BREAST NAVIGATORS) PROVIDE BREAST HEALTH EDUCATION TO WOMEN IN COMMUNITY SETTINGS IN 2015, A TOTAL OF 5,330 INDIVIDUALS WERE REACHED THROUGH THIS PROGRAM VOUCHERS FOR DIAGNOSTIC BREAST SERVICES WERE PROVIDED TO 105 UNINSURED AND/OR UNDERINSURED PATIENTS WITH FINANCIAL NEEDS DURING 2015 COMMUNITY CLASSES IN ADDITION TO FREE SCREENINGS, SUPPORT GROUPS AND COMMUNITY OUTREACH, CENTRA ALSO PROVIDED EDUCATIONAL CLASSES TO THE COMMUNITY ON A BROAD RANGE OF HEALTH AND WELLNESS TOPICS CLASSES INCLUDE, BUT NOT LIMITED TO, FAMILY EMERGENCY CARE (CPR), CHILDBIRTH, BABY CARE, INFANT MASSAGE, BREAST-FEEDING, PUBERTY, SAFE SITTER, NEW SIBLING CLASSES, DIABETES, WEIGHT MANAGEMENT, SMOKING CESSATION, DEPRESSION, HEART DISEASE, SURVIVORSHIP SUPPORT GROUPS SUPPORT GROUPS-OFFERED TO THE COMMUNITY WITHOUT CHARGE-PROVIDE A FORUM FOR EDUCATION AND THE EXCHANGE OF IDEAS THESE GROUPS ADDRESS AN ARRAY OF ISSUES INCLUDING BEREAVEMENT, BREAST CANCER, PROSTATE CANCER, SLEEP DISORDERS AND CARDIAC REHABILITATION

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BEREAVEMENT SUPPORT GROUPS	IN 2015, THE CENTRA HOSPICE BEREAVEMENT PROGRAM OFFERED FOUR GRIEF SUPPORT GROUP SERIES, ENTITLED, "A JOURNEY TOWARD HOPE AND HEALING " THE SIX, SIX-WEEK SERIES PROVIDED AN INTERDISCIPLINARY AND HOLISTIC EDUCATIONAL AND SUPPORTIVE GROUP FORMAT, WITH THE HOSPICE MEDICAL DIRECTOR, HOSPICE CLINICAL SOCIAL WORKERS, AND HOSPICE CHAPLAINS SERVING AS FEATURED SPEAKERS THE MULTI-SESSION GROUPS WERE HELD FOR AN HOUR-AND-A-HALF THE SERIES WERE OFFERED EITHER IN THE EVENING OR IN THE DAYTIME TO ACCOMMODATE PARTICIPANTS LIFE SCHEDULES APPROXIMATELY 23 PERSONS ATTENDED A GRIEF SUPPORT GROUP SERIES IN 2015 THE GRIEF SUPPORT GROUP SERIES ARE FREE AND OPEN TO THE COMMUNITY-AT-LARGE, AS WELL AS TO FAMILY MEMBERS OF PERSONS SERVED BY HOSPICE THE CENTRA HOSPICE BEREAVEMENT PROGRAM ALSO OFFERED A "GRIEF AND THE HOLIDAYS" PROGRAM AT FIVE DIFFERENT VENUES/LOCATIONS (LYNCHBURG, AMHERST, FARMVILLE, PROSPECT, AND BEDFORD), AS WELL AS TIMES, TO BETTER REACH THE RURAL COMMUNITY WE SERVE AND TO ACCOMMODATE PARTICIPANTS LIFE SCHEDULES APPROXIMATELY 55-60 PERSONS ATTENDED THE PROGRAMS WHICH WERE FACILITATED BY THE BEREAVEMENT COORDINATOR (WHO IS A LICENSED CLINICAL SOCIAL WORKER), A CLINICAL SOCIAL WORKER, AND/OR A HOSPICE CHAPLAIN THE GRIEF AND THE HOLIDAYS PROGRAMS WERE FREE AND OPEN TO THE COMMUNITY-AT-LARGE, AS WELL AS FAMILY MEMBERS OF PERSONS SERVED BY HOSPICE THEY WERE ADVERTISED THROUGH PRINT, MASS MAILING, STICKERS ON THE SUNDAY NEWSPAPER, AND ELECTRONIC MEDIA THE CENTRA HOSPICE BEREAVEMENT PROGRAM OFFERED HOSPICE-SPONSORED MEMORIAL SERVICES IN ALL THREE BUSINESS UNITS THIS YEAR. SIX SERVICES WERE HELD IN LYNCHBURG (APPROXIMATELY 75 FAMILY MEMBERS ATTENDED EACH OF THE SIX), THREE SERVICES WERE HELD IN FARMVILLE (APPROXIMATELY 15 TO 20 FAMILY MEMBERS ATTENDED EACH OF THE THREE), AND ONE SERVICE WAS HELD IN BEDFORD (APPROXIMATELY 25 PERSONS ATTENDED) OVERALL, THE CENTRA HOSPICE BEREAVEMENT PROGRAM OFFERED BEREAVEMENT SUPPORT TO 1,150 FAMILY MEMBERS OF PERSONS SERVED BY CENTRA HOSPICE (940 IN THE LYNCHBURG BUSINESS UNIT, 140 IN THE FARMVILLE BUSINESS UNIT, AND 73 IN THE BEDFORD BUSINESS UNIT) IN ADDITION TO OUR GRIEF SUPPORT GROUP SESSIONS, 728 SUPPORTIVE BEREAVEMENT VISITS AND/OR SUPPORTIVE BEREAVEMENT COUNSELING SESSIONS WERE HELD EITHER IN THE PERSONS HOME OR AT THE HOSPICE OFFICE (603 IN THE LYNCHBURG BUSINESS UNIT, 50 IN THE FARMVILLE BUSINESS UNIT, AND 75 IN THE BEDFORD BUSINESS UNIT) 3,391 PHONE CALLS WERE PROVIDED TO OFFER AND/OR PROVIDE BEREAVEMENT SUPPORT (2,932 IN THE LYNCHBURG BUSINESS UNIT, 298 IN THE FARMVILLE BUSINESS UNIT, AND 161 IN THE BEDFORD BUSINESS UNIT) ON EAGLES WINGS BREAST CANCER SUPPORT GROUP THIS GROUP IS OFFERED TO WOMEN DIAGNOSED WITH BREAST CANCER AT ANY STAGE OF THE DISEASE THE SUPPORT GROUP ADDRESSES BREAST HEALTH AND RELATED ISSUES OF IMPORTANCE TO WOMEN WITH BREAST CANCER THIS GROUP MEETS ONCE A MONTH AND REACHED 77 WOMEN IN 2015 MAN TO MAN MAN TO MAN IS AN AMERICAN CANCER SOCIETY EDUCATIONAL SUPPORT GROUP DESIGNED TO MEET THE NEEDS OF MEN DIAGNOSED WITH PROSTATE CANCER AND SPOUSES OR CAREGIVERS THIS SUPPORT GROUP MEETS AT THE ALAN B PEARSON REGIONAL CANCER CENTER AND IS SUPPORTED THROUGH OUR PROSTATE CANCER NAVIGATION PROGRAM MENDED HEARTS/CARDIAC REHAB SUPPORT GROUPS THESE CARDIAC-RELATED SUPPORT GROUPS OFFER EDUCATION AND EMOTIONAL SUPPORT TO CARDIAC PATIENTS AND THEIR FAMILIES IN-KIND & CASH DONATIONS " DURING 2015, CENTRA HEALTH DONATED APPROXIMATELY $210,000 IN MEDICAL SUPPLIES TO THE GLEANING FOR THE WORLD ORGANIZATION " CENTRA DONATED OVER $4,585 IN MISCELLANEOUS FURNITURE TO HABITAT FOR HUMANITY, SALVATION ARMY, AND GIRLS ON THE RUN ORGANIZATIONS, DURING 2015 CENTRA ALSO ALLOWED COMMUNITY AGENCIES AND ORGANIZATIONS THE USE OF MANY OF THE MEETING ROOMS THROUGHOUT ITS FACILITIES " DURING 2015, CENTRA LAB PROCESSED A COMBINED TOTAL OF 9,994 LABORATORY TESTS FOR CENTRAL VIRGINIA FREE CLINIC CLIENTS AT NO CHARGE THIS DONATED SERVICE RESULTED IN A COMMUNITY BENEFIT OF APPROXIMATELY $954,000 " DURING 2015, APPROXIMATELY 8,630 MEALS WERE PROVIDED TO THE LYNCHBURG MEALS ON WHEELS PROGRAM AT A COST OF APPROXIMATELY $26,750 " DURING 2015, CASH DONATIONS MADE BY CENTRA HEALTH TO THE COMMUNITY TOTALED $1,077,705 SPECIAL NEEDS PROJECTS & MENTORING CENTRA PROVIDES AND PROMOTES MANY SPECIAL NEED PROJECTS AND MENTORING OPPORTUNITIES EDUCATIONAL OPPORTUNITIES ARE OFFERED TO STUDENTS IN A BROAD RANGE OF PROFESSIONAL AND TECHNICAL PROGRAMS AT CENTRA, STUDENTS GAIN EXPERIENCE IN NURSING, TECHNICAL AND CLINICAL PROFESSIONS SEVERAL HIGH SCHOOLS AND UNIVERSITIES IN VIRGINIA ROTATE STUDENTS THROUGH CENTRAS FACILITIES WITH CENTRA STAFF MEMBERS, GIVING THESE STUDENTS THE OPPORTUNITY TO TRAIN AND GAIN EXPERIENCE IN THEIR CHOSEN CAREER FIELDS HERE IS A LIST OF SPECIAL PROJECTS CENTRA SUPPORTS BEFORE BABY MOMS CLUB (BBMC) IN 2015, BABY BASICS MOMS CLUB CHANGED THEIR NAME TO BEFORE BABY MOMS CLUB (BBMC) BBMC IS A FREE EVIDENCE BASED PROGRAM THAT IMPROVES BIRTH OUTCOMES BY PROVIDING PRENATAL EDUCATION AND EMOTIONAL SUPPORT FOR MOMS-TO-BE IN A FUN GROUP SETTING IT OFFERS AN OPPORTUNITY FOR PREGNANT WOMEN IN VARIOUS STAGES OF THEIR PREGNANCIES TO EXPLORE ISSUES, RECEIVE INFORMATION, LEARN PRACTICAL SKILLS AND HAVE THEIR QUESTIONS ANSWERED AS A GROUP THE GROUP IS FACILITATED BY A TRAINED EDUCATOR IN AN INFORMAL AND NON-INTIMIDATING SETTING, USING A COLORFUL, COMPREHENSIVE AND EASY TO UNDERSTAND PRENATAL GUIDE PARTICIPANTS MEET THE FIRST FOUR THURSDAYS OF EVERY MONTH FROM 5 30PM-7PM AT THE CENTER FOR CHILDBIRTH AND FAMILY EDUCATION AT VIRGINIA BAPTIST HOSPITAL AND RECEIVE INFORMATION AT EVERY MEETING ON AT LEAST ONE OF THE FOLLOWING CORE TOPICS, PRETERM LABOR, NUTRITION, SAFE SLEEP, BREASTFEEDING, SUBSTANCE USE AND ABUSE/DEPRESSION DURING 2015, BEFORE BABY MOMS CLUB " FACILITATED 52 BBMC MEETINGS " SERVED 502 PEOPLE OF WHOM 365 WERE PREGNANT AND 137 WERE SUPPORT PERSONS " CONTINUED PARTNERSHIPS WITH KROGER, CHICK-FILA, PIZZA HUT AND BELKS WHILE ESTABLISHING NEW PARTNERSHIPS WITH ZOES KITCHEN AND SYLVAIN MELLOUI TO PROVIDE SERVICES AND/OR FOOD FOR BBMC COMMUNITY VOICE COMMUNITY VOICE IS A CONSUMER EDUCATION PROGRAM WHOSE GOALS ARE TO RAISE AWARENESS OF THE HEALTH DISPARITY THAT EXISTS IN INFANT MORTALITY, TO PROVIDE CULTURALLY RELEVANT PERINATAL HEALTH INFORMATION AND TO INFLUENCE BEHAVIORS BY TAKING INFORMATION DIRECTLY TO THE PEOPLE WHOM WOMEN OF CHILDBEARING AGE ARE MOST LIKELY TO TRUST AND TRAIN THEM TO BE LAY HEALTH ADVISORS ONCE TRAINED, LAY HEALTH ADVISORS HAVE THE KNOWLEDGE AND POWER TO TEACH, MOTIVATE, AND INFLUENCE THEIR FAMILY, FRIENDS AND NEIGHBORS IN 2015 OVER 6,500 COMMUNITY RESIDENTS RECEIVED INFORMATION ON SAFE SLEEP, BREASTFEEDING, PRETERM BIRTH, SUBSTANCE USE AND ABUSE, NUTRITION, FOLIC ACID, PRENATAL CARE AND OTHER PERINATAL HEALTH TOPICS THROUGH A COMBINATION OF CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES FOR EXAMPLE " TAUGHT 44 CLASSES IN LYNCHBURG " TAUGHT 8 CLASSES IN BEDFORD " TAUGHT 28 CLASSES IN FARMVILLE " 399 COMMUNITY RESIDENTS ATTEND AT LEAST 1 CLASS " TRAINED 109 LAY HEALTH ADVISORS " ATTENDED 21 COMMUNITY HEALTH FAIRS " 6 COMMUNITY PRESENTATIONS " SPOKE AT VIRGINIA PREMIER EVENT " ASSISTED WITH I AM WOMAN RACE " DEVELOPED ONGOING PARTNERSHIPS WITH AGENCIES AND CHURCHES IN LYNCHBURG, AMHERST, PRINCE EDWARD COUNTY AND BEDFORD " ONGOING RECRUITMENT IN FARMVILLE, BEDFORD AND LYNCHBURG COMMUNITY FORENSIC NURSE PROGRAM THE FORENSIC NURSE PROGRAM BEGAN IN 1997 IT CONSISTS OF REGISTERED NURSES TRAINED IN THE COLLECTION OF FORENSIC EVIDENCE. THE FORENSIC NURSES WORK WITH LAW ENFORCEMENT, SOCIAL SERVICES AND THE COURT SYSTEM NURSES RESPOND TO VICTIMS OF PHYSICAL ASSAULT, SEXUAL ASSAULT AND ABUSE AND NEGLECT IN BOTH THE ADULT AND PEDIATRIC POPULATION THEY ALSO PROVIDE EDUCATIONAL/TRAINING LECTURES TO RESCUE AGENCIES, POLICE DEPARTMENTS, POLICE ACADEMY, ATTORNEYS AND VARIOUS COLLEGES INCLUDING THE CRIMINAL JUSTICE AND NURSING PROGRAMS THIS PROGRAM SERVES CLIENTS FROM CENTRAL VIRGINIA AND THE SURROUNDING AREA IN 2015, THE PROGRAM SAW 701 PATIENTS AND HAD AN ADDITIONAL 382 CONSULTS HOSPITALITY SUITES CENTRA PROVIDES HOSPITALITY SUITES, WHICH INCLUDE OVERNIGHT ACCOMMODATIONS FOR PATIENT FAMILIES WHO NEED TO STAY CLOSE TO THEIR HOSPITALIZED FAMILY MEMBER THERE IS NO CHARGE FOR THE SUITES SUITES ARE LOCATED AT VIRGINIA BAPTIST HOSPITAL AND LYNCHBURG GENERAL HOSPITAL THE INFECTIOUS DISEASES CENTER OF CENTRAL VIRGINIA THE INFECTIOUS DISEASES CENTER OF CENTRAL VIRGINIA IS A PARTNERSHIP BETWEEN INDEPENDENT SERVICE PROVIDERS, MEDICAL ASSOCIATES OF CENTRAL VIRGINIA AND CENTRA TO PROVIDE MEDICAL CARE, PHARMACEUTICAL ACCESS AND SUPPORT SERVICES TO PEOPLE WITH HIV/AIDS THE CENTERS IN LYNCHBURG AND DANVILLE SERVED 450 CLIENTS IN 2015

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RIVERMONT SCHOOLS	CENTRAS RIVERMONT SCHOOLS PROVIDE SPECIALIZED EDUCATION FOR STUDENTS WITH BEHAVIORAL OR EMOTIONAL CONCERNS AS WELL AS STUDENTS ON THE AUTISM SPECTRUM TEN SCHOOLS THROUGHOUT VIRGINIA ADDRESS THE NEEDS OF MORE THAN 560 STUDENTS AND OPERATE ON A 180-DAY SCHOOL YEAR CALENDAR RIVERMONT SCHOOLS ARE LOCATED IN LYNCHBURG, ROANOKE, CHASE CITY, DAN RIVER, HAMPTON ROADS, TIDEWATER, ALLEGHANY HIGHLANDS, FREDERICKSBURG, GREATER PETERSBURG, AND ROCKBRIDGE RIVERMONT SCHOOLS PROVIDE A UNIQUE AND SUPPORTIVE ENVIRONMENT SERVING SCHOOL-AGE CHILDREN EXPERIENCING EMOTIONAL DIFFICULTIES AND AUTISM EACH RIVERMONT STUDENT RECEIVES LEARNING OPPORTUNITIES THAT PROMOTE SELF-ACTUALIZATION, THE VALUE OF LEARNING, SELF-DISCIPLINE, COOPERATION, RESILIENCY AND SELF-ADVOCACY THROUGH TEACHING EXCELLENCE, THERAPEUTIC SUPPORT, FAMILY PARTICIPATION, AND COMMUNITY INVOLVEMENT VOLUNTEER SERVICES CENTRA HAS MANY DEDICATED VOLUNTEERS FROM THROUGHOUT CENTRAL VIRGINIA WHO CHOOSE TO GIVE BACK TO THEIR COMMUNITY BY DONATING THEIR TIME AND TALENTS GUGGENHEIMER VOLUNTEER SERVICES OVER 60 VOLUNTEERS DONATED TIME AT GUGGENHEIMER HEALTH AND REHABILITATION CENTER TO PROVIDE RESIDENTS WITH ENRICHMENT AND INTERACTION THROUGH THE "ENHANCING LIVES EVERY DAY" PROGRAM THEY SUPPORT MANY AREAS OF THE PROGRAM BY PROVIDING MUSICAL ENTERTAINMENT, EXERCISE CLASSES AND CRAFT CLASSES AS WELL AS ASSISTANCE IN TRANSPORTING RESIDENTS AND ANSWERING THE PHONE HOSPICE VOLUNTEERS IN 2015, 96 VOLUNTEERS DONATED 6,483 HOURS OF SERVICE TO THE HOSPICE PROGRAM A LARGE PORTION OF THEIR TIME AND TALENT WAS COMMITTED TO THE HOSPICE HOUSE VOLUNTEERS SUPPORT THE HOSPICE HOUSE BY GROCERY SHOPPING, MEAL PREPARATION AND DELIVERY, CLEANING AND DECORATING, INTERACTING WITH PATIENTS AND FAMILIES AND OFFERING SUPPORT TO FAMILIES WHO HAVE LOST A LOVED ONE OUR VOLUNTEERS ALSO PARTICIPATED IN THE HOSPICE MEMORIAL SERVICES 6 TIMES DURING THE YEAR AND HAVE REPORTED DRIVING MORE THAN 55,100 MILES IN 2015 ASSISTANCE THROUGH DONATIONS CENTRA HEALTH, INC DONATED $500,000 TO CENTRA HEALTH FOUNDATIONS COMMUNITY INITIATIVE FUND DURING 2015 NUMEROUS ORGANIZATIONS AND INDIVIDUALS BENEFIT FROM THE VARIOUS PROGRAMS AND ASSISTANCE PROVIDED WITH THE HELP OF THESE DONATIONS BELOW IS THE LIST OF LOCAL ORGANIZATIONS WHICH CENTRA FUNDS SUPPORTED IN 2015 1 TAKE CHARGE PRIORITY CARE TRANSITIONS PROGRAM $64,000 CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING, INC TO SUPPORT A PT COACH AND SUPPLIES FOR A PROGRAM THAT OFFERS COACHING TO FRAIL AND ELDERLY INDIVIDUALS WHO HAVE BEEN DISCHARGED FROM THE HOSPITAL 2 PEER SUPPORT FOR ADDICTION RECOVERY & CARE MANAGEMENT $60,000 ROADS TO RECOVERY, INC TO SUPPORT A PORTION OF SALARY EXPENSES FOR TWO PEER SUPPORT RECOVERY SPECIALISTS WHO WILL NAVIGATE AT-RISK INDIVIDUALS WITH ADDICTION PROBLEMS 3 DENTAL SERVICES EXPANSION PROJECT $59,632 FREE CLINIC OF CENTRAL VIRGINIA, INC TO SUPPORT PERSONNEL COSTS, PROVIDE DENTAL SUPPLIES AND SUPPORT DENTAL EXTERN EXPENSES 4 AMAZING KIDS SUMMER CONNECTION CAMP $48,500 AMAZING GRACE OUTREACH CHURCH TO SUPPORT A 12-WEEK SUMMER CAMP FOR 400 CHILDREN FROM WHITE ROCK HILL, COLLEGE HILL AND JAMES CROSSING CAMP PROVIDES THREE HOT MEALS PER DAY AND HEALTH EDUCATIONAL OPPORTUNITIES 5 LIVE HEALTHY LYNCHBURG A COMMUNITY ACCESS INITIATIVE $46,950 LIVE HEALTHY LYNCHBURG TO SUPPORT PROVIDING TRANSPORTATION FOR LOW-INCOME INDIVIDUALS TO NUTRITIOUS FOOD SOURCES, THE CONSTRUCTION OF TEN COMMUNITY GARDENS, TO UNDERWRITE A PLAY ON HEALTHY LIFESTYLES FOR ELEMENTARY AND MIDDLE SCHOOL CHILDREN AND TO PRINT A MANS GUIDE TO SUPPORTING BREASTFEEDING 6 SELF-CARE AND WELLNESS INITIATIVE $37,790 HEART OF VIRGINIA FREE CLINIC/SOUTHSIDE TO PROVIDE MEDICAL EQUIPMENT, MEDICAL SUPPLIES, SLEEP STUDY SUPPLIES, YMCA MEMBERSHIPS AND GAS CARDS TO THOSE IN NEED 7 BEDFORD RIDE NON-EMERGENCY MEDICAL TRANSPORTATION $30,000 CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING TO SUPPORT THE TRANSPORT OF PATIENTS IN NEED FROM BEDFORD TO LYNCHBURG FOR CRITICAL MEDICAL APPOINTMENTS AND PROCEDURES 8 FIRST RESPONDER SIMULATION EDUCATION $30,000 CENTRA/CENTRAL VIRGINIA CENTER FOR SIMULATION & VIRTUAL LEARNING TO PROVIDE SIMULATION AND VIRTUAL LEARNING OPPORTUNITIES FOR FIRST RESPONDERS AND EMS PERSONNEL 9 CONNECT CENTRAL VIRGINIA - AN INITIATIVE OF CENTRAL VIRGINIA $30,000 AGING AND DISABILITIES RESOURCES CONNECTION (CVADRC) TO SUPPORT PURCHASE OF A COMMUNICATION, REFERRAL, INFORMATION AND ASSISTANCE (CRIA) TRACKING SOFTWARE PROGRAMS FOR AREA NON-PROFIT SERVICE PROVIDERS TO NAVIGATE AT-RISK POPULATION TO SERVICE PROVIDERS 10 EMS TRAINING GRANT $20,000 CENTRAL VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC TO SUPPORT THE FUNDING OF STUDENT TUITION FOR ADVANCED CARDIAC LIFE SUPPORT AND PEDIATRIC ADVANCED LIFE SUPPORT COURSES 11 OUTPATIENT BREASTFEEDING COUNSELING PROGRAM $15,550 LACTATION HEALTH RESOURCES, INC TO SUPPORT A BOARD CERTIFIED LACTATION CONSULTANT TO EDUCATE AND COORDINATE AT HOME FOLLOW-UP SESSIONS 12 FREE OF LYNCHBURG SERVICE EXPANSION $15,000 FOUNDATION FOR REHABILITATION EQUIPMENT AND ENDOWMENT (FREE FOUNDATION) TO SUPPORT REFERRAL/OPERATIONS POSITION AND EQUIPMENT TECHNICIAN AND SUPPORT PRINTING OF MARKETING KITS 13 "SAFE AT HOME" &15,000 INTERFAITH OUTREACH ASSOCIATION TO SUPPORT THE INSTALLATION OF SAFETY EQUIPMENT AND DURABLE MEDICAL EQUIPMENT IN CLIENT HOMES 14 YEAR ROUND GARDEN & ENVIRONMENTAL EDUCATION $15,000 CAMP KUM-BA-YAH, INC TO SUPPORT A YEAR-ROUND GARDEN PROJECT FOR YOUTH WHICH EMPHASIZES HEALTHY LIFESTYLES AND PROPER DIET 15 ROOM TO MOVE $14,000 BOYS AND GIRLS CLUB OF GREATER LYNCHBURG TO PROVIDE SUPPORT FOR THE EXPANSION OF THE FITNESS FACILITY THAT WILL SUPPORT HEALTHY LIFESTYLE PROGRAMS AND CHILDHOOD OBESITY 16 NO WRONG DOOR/CRIA COMPUTER CLIENT REFERRAL PROGRAM $13,125 PIEDMONT SENIOR RESOURCES, AREA AGENCY ON AGING, INC FARMVILLE & SOUTHSIDE TO SUPPORT THE PURCHASE OF A CRIA TRACKING SOFTWARE PROGRAM TO NAVIGATE AT-RISK POPULATION TO SERVICE PROVIDERS 17 SUMMER CAMP SCHOLARSHIPS & 3 POINT PLAY PROGRAM $12,500 JUBILEE FAMILY DEVELOPMENT CENTER TO SUPPORT PARTIAL SCHOLARSHIPS FOR LOCAL DISADVANTAGED CHILDREN TO ATTEND JUBILEES SUMMER CAMP WHICH FOCUSES ON HEALTHY LIFESTYLES 18 EXPANSION OF HEALTH LITERACY SERVICES TO LOW-INCOME $12,400 INDIVIDUALS IN LYNCHBURG, VA LYNCHBURG LITERACY COUNCIL, INC TO SUPPORT THE TEACHING OF HEALTH LITERACY SKILLS, HEALTH EDUCATION AND TO SUPPORT THE RESOURCE CENTER AT JAMES CROSSING 19 NEW SERVICES ACUTE CARE VISITS AND WELLNESS CHECK-UPS $11,506 THE FREE CLINIC OF DANVILLE TO SUPPORT OPERATING EXPENSES FOR ACUTE-CARE VISITS AND WELLNESS CLINICS 20 CENTRAL VIRGINIA HIV TESTING & COUNSELING PROJECT $10,000 COALITION FOR HIV AWARENESS & PREVENTION OF CENTRAL VA (CHAP) TO SUPPORT THE PURCHASE OF HIV RAPID TESTS AND TO PROVIDE COUNSELING AND FOLLOW-UP SERVICES TO HIV- POSITIVE INDIVIDUALS 21 CPR ANYTIME PROGRAM $10,000 AMERICAN HEART ASSOCIATION (MID-ATLANTIC AFFILIATE) TO SUPPORT THE PURCHASE OF CPR KITS TO TRAIN INDIVIDUALS IN CPR SKILLS AND HOST TEN LARGE COMMUNITY TRAINING SESSIONS 22 RX PARTNERSHIP $10,000 RX DRUG ACCESS PARTNERSHIP TO PROVIDE FREE PRESCRIPTION MEDICATIONS TO PATIENTS OF THE LYNCHBURG AND BEDFORD FREE CLINICS 23 OUTREACH TO THE UNDERSERVED $5,950 LYNCHBURG DAILY BREAD TO PROVIDE MEALS TO RESIDENTS AT JAMES CROSSING ON HOLIDAYS AND BREAKS AND DURING THE CENTRA MOBILE MEDICAL UNITS SCHEDULED VISITS 24 FOOD FOR THE HUNGRY IN THE NORTHERN PITTSYLVANIA COUNTY, VA $5,000 NORTHERN PITTSYLVANIA COUNTY FOOD CENTER, INC TO SUPPORT MEALS FOR THE NEEDY IN THE NORTHERN PART OF PITTSYLVANIA COUNTY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER LEWIS ADDISON AND BOARD MEMBER JULIE DOYLE ARE EACH BOARD MEMBERS OF BANK OF THE JAMES OFFICERS LEWIS ADDISION AND E.W TIBBS AND KEY EMPLOYEE MICHAEL ELLIOTT ARE BOARD MEMBERS OF CENTRAL VIRGINIA IMAGING, LLC, A 50% JOINT VENTURE OF CENTRA HEALTH, INC KEY EMPLOYEE MICHAEL ELLIOTT IS A BOARD MEMBER OF THE SURGERY CENTER OF LYNCHBURG, LLC, A 50% JOINT VENTURE OF CENTRA HEALTH, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8A & B	MINUTES ARE TAKEN AT EACH MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	CENTRA PROVIDED ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS WITH A COPY OF THE FORM 990 PRIOR TO ITS FILING ADDITIONALLY, CENTRA REVIEWED THE FORM 990 WITH THE AUDIT AND COMPLIANCE COMMITTEE AND THEN PRESENTED IT TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL CENTRA OFFICERS AND DIRECTORS MUST COMPLETE A "POSSIBLE CONFLICT OF INTEREST" QUESTIONNAIRE ON AN ANNUAL BASIS, CERTIFYING THAT NEITHER THEY NOR ANY OF THEIR IMMEDIATE FAMILY MEMBERS HAVE ENGAGED IN ANY ACTIVITIES THAT COULD LEAD TO A POTENTIAL CONFLICT OF INTEREST ADDITIONALLY, ALL OFFICERS AND DIRECTORS MUST AGREE TO PROMPTLY REPORT ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR TO THE PRESIDENT OR CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	CENTRA HAS ESTABLISHED A COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS PLUS FOUR ADDITIONAL MEMBERS OF CENTRA'S BOARD OF DIRECTORS ALL FIVE MEMBERS MEET THE IRS FORM 990 INDEPENDENCE DEFINITION MEMBERS OF THIS COMMITTEE REVIEW RELEVANT SALARY AND BENEFIT DATA FROM VARIOUS SOURCES AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF CENTRA'S BOARD OF DIRECTORS WITH RESPECT TO THE SALARY RANGE AND BENEFITS FOR THE CEO THE EXECUTIVE COMMITTEE REVIEWS AND HAS FINAL APPROVAL OF THE CEO'S COMPENSATION THE COMPENSATION COMMITTEE IS ALSO RESPONSIBLE FOR THE REVIEW AND APPROVAL OF SALARY RANGES AND ADJUSTMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES OF CENTRA, BASED ON THE RECOMMENDATIONS MADE BY THE CEO METHODS USED TO DETERMINE SALARY RANGES AND ADJUSTMENTS INCLUDE, BUT ARE NOT LIMITED TO, INDEPENDENT COMPENSATION CONSULTANT(S) AS WELL AS THIRD PARTY COMPENSATION SURVEYS AND/OR STUDIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	JOINT VENTURE POLICY CENTRA HEALTH, INC ADOPTED A JOINT VENTURE POLICY, IN 2014, WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS UNDER APPLICABLE FEDERAL TAX LAW AND TAKE STEPS TO SAFEGUARD THE ORGANIZATIONS EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 1023 AND RECENT FILINGS OF THE FORM 990 AND 990-T ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION ADDITIONALLY, FILINGS OF THE FORM 990 CAN ALSO BE FOUND ONLINE AT WWW GUIDESTAR.ORG

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES PHOTOCOPIES OF ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AT ITS ADMINISTRATIVE OFFICE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN PENSION REPORTING 9,341,862 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 735,890 NET ASSETS RELEASED FROM RESTICTIONS TO AFFILIATED ENTITIES (337,431) MINORITY INTEREST (6,601) ---------- TOTAL TO FORM 990, PART XI, LINE 9 9,733,720 ==========

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 111257

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 46289916

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 30090623

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)SOUTHSIDE COMMUNITY HOSPITAL 800 OAK STREET FARMVILLE, VA 23901 54-0555201	HEALTHCARE	VA	501(C)(3)	LINE 3	NA	Yes	
(2)CCRC INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1929580	HEALTHCARE	VA	501(C)(3)	LINE 11A, I	NA	Yes	
(3)CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1604094	SUPPORTING OR	VA	501(C)(3)	LINE 11A, I	NA	Yes	
(4)BEDFORD MEMORIAL HOSPITAL 1613 OAKWOOD STREET BEDFORD, VA 24523 54-0566100	HEALTHCARE	VA	501(C)(3)	LINE 3	NA	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
GENERAL BUSINESS **(1)**CONCERNS INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1299682	REAL ESTATE-PHYSI	VA	NA	C Corp	1,411,203	1,996,691	100 000 %	Yes	
(2)PCHP HOLDING INC 2316 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1749492	HOLDING COMPANY	VA	NA	C Corp		7,366,440	100 000 %	Yes	
PIEDMONT COMMUNITY **(3)**HEALTH PLAN INC 2316 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1755768	HEALTH INSURANCE	VA	NA	C Corp	90,014,776	28,329,359	100 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0715569
Name: CENTRA HEALTH INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) CENTRA HEALTH INDEMNITY COMPANY LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 27-0927253	CAPTIVE INSUR	VT	4,236,250	22,190,504	CENTRA HEALT
(1) CENTRAL VIRGINIA HOSPITAL FOR RESTORATIV 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-4712023	HEALTHCARE	VA	10,183,545	3,040,019	CENTRA HEALT
(2) CENTRA MEDICAL GROUP LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-3639329	PHYSICIAN SVC	VA	82,383,183	38,856,708	CENTRA HEALT
(3) CENTRA PANORAMIC LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-1812326	WELLNESS CNTR	VA	241,702	534,130	CENTRA HEALT
(4) CENTRAL VA QUALITY CARE NETWORK LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-4453641	CLINICALLY IN	VA		29,486	CENTRA HEALT
(5) CENTRA OP REHABILITATION SERVICES LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-1052716	OP REHAB	VA	4,238,008	4,441,089	CENTRA HEALT
(6) HEALTHWORKS LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 26-3026223	OT PROVIDER	VA	549,767	1,186,558	CENTRA HEALT

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CENTRA HEALTH FOUNDATION	b	505,525	BOOK VALUE
(1)	CENTRA HEALTH FOUNDATION	c	3,470,986	BOOK VALUE
(2)	CENTRA HEALTH FOUNDATION	p	1,492,953	BOOK VALUE
(3)	SOUTHSIDE COMMUNITY HOSPITAL	b	186,194	BOOK VALUE
(4)	SOUTHSIDE COMMUNITY HOSPITAL	d	4,658,282	BOOK VALUE
(5)	SOUTHSIDE COMMUNITY HOSPITAL	q	2,620,602	BOOK VALUE
(6)	CCRC INC	q	100,000	BOOK VALUE
(7)	GENERAL BUSINESS CONCERNS INC	k	343,573	BOOK VALUE
(8)	BEDFORD MEMORIAL HOSPITAL	q	1,547,000	BOOK VALUE